EFFECTIVENESS OF JOSS STICK TRAINING PROGRAMME ON SKILL AMONG SCHIZOPHRENIC PATIENTS GOVERNMENT HEAD QUARTERS HOSPITAL, ERODE

A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF AWARD OF

MASTER OF SCIENCE IN NURSING

PSYCHIATRIC NURSING

BY

30109042

DHANVANTRI COLLEGE OF NURSING

Ganapathypuram, No: 1 Ranganoor Road

Pallakkapalayam (Po), Namakkal (Dt).

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30109042

Research advisor: _____

Professor. A. Arvin Babu,, M.Sc (N), Ph.D (N),
Principal,
Dhanvantri College of Nursing,
Pallakkapalayam (PO), Namakkal (Dt).

Clinical speciality advisor: _____

Professor. A. Arvin Babu,, M.Sc (N), Ph.D (N),
HOD, Psychiatric Nursing,
Dhanvantri College of Nursing,
Pallakkapalayam (PO), Namakkal (Dt).

A dissertation submitted in partial fulfilment of the requirement for the Degree of Master of Science in Nursing from The Tamilnadu Dr.M.G.R Medical University, Chennai.

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CERTIFIED THAT THIS IS THE BONAFIED WORK OF

30109042

AT DHANVANTRI COLLEGE OF NURSING

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EXAMINERS,

1. ……..

2. ……..

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CHAPTER-I

INTRODUCTION

“We will certainly make the mentally ill people to live with independence.”

-Dr.Subramanian, 2007.

“Let us join our hands in supporting those who are mentally ill.”

-Rajendran, 2006.

Occupational therapy is one of the rehabilitative measures, which helps the people to promote their health and well being through engage the people in occupation. Occupational training is helping the individual to overcome the burden of the psychological problem if it is successfully employed. Occupational therapy is one of the vital part of health care, which are responsible for helping the disabled individuals to maintain or gain independence in his/her life, **(American Occupational Therapy Association, 2008).**

Occupational therapy draws from the fields of psychology, sociology, anthropology, and many other disciplines in developing its knowledge base. Occupational therapy to deal with a individuals physical, mental and social well-being. This approach makes the individual as a whole and helps the people to attain a self actualization, **(Marshal 2002)**

Occupational therapy concept was created by **clark 1963.** He described is an active treatment with a psychological justification. Occupational therapy facilitates the learning as a wide variety of skills and functions helps to human adaptation. Occupational therapist help the individual to develop and maintain the highest level of biological, social and psychological functioning. Occupational therapy was established in U.S.A **(In 1752)** pennsylvania hospital, Philadelphia, given for the mentally ill. In 1982 psychiatrist Adolf meyer, reported that, the proper use of time in some helpful and gratifying in the treatment of the neuropsychiatric patient, **(Dr.Lalitha. K, 2006).**

Occupational therapy is a discipline that aims to promote health by enabling people to perform meaningful and purposeful activities. Occupational therapy deals with physical, psychomotor, social and working skill. It helps to develop individuality, promote recovery, improve their basic motor functions and reasoning abilities, maintain clients' activities of daily living, and compensate for the permanent loss of function. It helps the people to do all type of activities, daily needs such as dressing, cooking, and eating. Physical exercises may be used to increase strength and dexterity, improve visual acuity, improve decision-making, abstract-reasoning, problem solving, perceptual skills, as well as memory, sequencing, and coordination all these helps the individual to lead a independent life. It helps to reduce the signs and symptoms of disease. The goal of

occupational therapy is to help clients have independent, productive, and satisfying life, **(Ishita Sanyal, 2006).**

In Occupational therapy muscles and mind used at the same time and engage the human being. Its work with individuals who suffer from mentally, physically, developmentally, and/or emotionally disabling condition and neurotic disorders. 60% of occupational therapy was utilized by physically handicapped and physically ill and 40% of occupational therapy was utilized by mentally ill and mentally challenged people. Occupational therapy is useful in Parkinson's disease, cerebro vascular accident, chronic pain, HIV, mental retardation, schizophrenia, depression, mania, alzhemiers disease, autism condition,**(Hinojosa .J, 2006).**

Schizophrenia is a life-long illness that has impact on all areas of daily living, including work or school, social contacts and relationships. Most people with this illness have periodic episodes, called relapses. While there is no cure for schizophrenic disorder, Schizophrenic patients are burden to the society. So they live their whole lives within the four walls of their dark room, others are leading their life without doing any effective work. They live their life on the mercy of other family members. They unable to perform their role in their family as well as society. **(Ishita Sanyal 2006).**

In worldwide 450 million people suffer from a mental disorder 250 million peoples are affected by schizophrenic disorder. 6 to 12 million people in China,

2.2 million people in USA, 285,000 people in Australia, 4.5 million people in Africa, 5.9 million people in Americans, 6.5 million people in Europe, 11.9 million people in South east asia, 12.7 million people in Western midlands, Over 280,000 people in Canada, Over 250,000 diagnosed cases in Britain. In worldwide Paranoid schizophrenia is the most common form. 121,000 people are diagnosed as paranoid schizophrenia in non-Federal, short-stay hospitals in those 73,000 men and 47,000 women are diagnosed. In India 4.3 to 8.7 million peoples are affected by schizophrenia among 18% of them north Indians, (**DR.Robin Murray, 2006).**

Schizophrenic patients exhibit positive, negative and cognitive signs and symptoms. Schizophrenic patients have 40% of cognitive impairment that are intelligence, memory, concentration, attention, 40% of positive symptoms that are hallucination and delusion and 20% of negative symptoms such as affective blunting, emotional withdrawal, poverty of speech, anhedonia, and apathy and avolition. They have Social isolation, anger, impaired perception, working memory, executive functions, judgement and lack of insight, **(Jardon, 2004).**

Cognition plays a main role in employment. Cohorts studies shown that the persons with schizophrenia have low levels of employment and occupational functioning for many years after the onset of their illnesses. Schizophrenic patients unable to perform their duties due to their cognitive impairment. 30%-50% of people with schizophrenia are capable of work but only 10%-20% are actually in employment all others are unemployed due to their cognitive impairment and

psychotic signs and symptoms. In worldwide Only one in 2000 schizophrenic peoples are getting occupational training, **(Lehman , 2008).**

Short term occupational goals are sensory and motor development, relaxation, coordination, attention, self confidence, memory, interpersonal relationship, reduce the signs and symptoms, engage the patient physically as well as mentally, language development, orientation, environmental adjustment, and punctuality. Long term goals are perfect task performance, self worthiness, economical enrichment, promoting body image, self esteem, self actualization, personality development, ego development, Independency, reverse psychopathology, community reentry, role change in family as well as community and helps to reduce the medications, **(Pioneeor, 2006).**

Schizophrenia is treated by somatic treatment – pharmacological treatment, Psychosurgery, Psychosocial treatment and Rehabilitation. Schizophrenic patient's skills are developed by the help of Psychosocial therapy, Behavioral modification therapy, Occupational training, Music therapy, Dance therapy, Yoga therapy and Recreational therapy. cognitive functioning, motor skills, emotional and affective development, behavior and social skills, and quality of life improved by using these alternative therapies, **(Canadian Journal of Psychiatry July 2006) .**

Reker T (1998), conducted a prospective study to assess the effectiveness of ambulatory vocational therapy on the course of illness and rehabilitation of schizophrenic patients. Eighty three schizophrenic outpatients comprised of 44 men and 39 women with an average age of 35 years (SD +/- 8.5) enrolled in a work therapy program. The course of illness and rehabilitation was documented over a 3-year period by means of annual follow-up examinations. The majority were chronically ill patients with a history of frequent and long psychiatric hospitalization. After 3 years, 22% of the patients were integrated into the general labor market, 26% had sheltered employment, 23% were still in work therapy, and 29% were unemployed. Besides the patients' subjective expectations, early introduction of rehabilitative measures and a favourable course of illness were found to be predictors of a successful rehabilitation leading to vocational integration. Outpatient work therapy is a contemporary, effective organizational form of sociotherapy. It may contribute to improved vocational competence and integration, reduced psychiatric hospitalization and stabilized psychopathology.

Varieties of occupational training programmes are practiced in worldwide for schizopherenic patients like craft working, book binding, tailoring, joss stick making, paper printing, baking, computer assisted programming, and gardening, which are used to improve the self expression, self respect, self-esteem, social interaction, self control, coping skills and adjustment, stabilize the mood change, emotional development, release of tension and anxiety, anger management and decrease of aggressive behavior, **(Mathew Fortuna, 2000).**

Hospital based joss stick training programme is a type of occupational training. Joss stick training programme is one of the easiest and popular vocational skill practiced among mentally ill and mentally challenged people. This also considered as a source of earning among desolated people which provides independence, protection and an identity among society. This programme deals with any age group, physical, mental illness addictions and disabilities. It enhances the skills like cognitive function, intelligence, coordination, memory power, interpersonal relationship, psychomotor activity adaptive behavior and quality of life among schizophrenic patients, (**Marshall, 2005).**

NEED FOR STUDY

Disability affects hundreds of millions of families in developing countries. Currently around 10 per cent of the total world's population or roughly 650 million people live with a disability. Eighty per cent of persons with disabilities live in developing countries, The World Bank estimates that 20 per cent of the world's poorest people have some kind of disability, in that 15% 0f peoples are mentally ill and mentally retarded. So in worldwide 600000 vocational education programmes are running for physically and mentally disabled peoples to promoting their quality of life and economical status, **(Steinwachs,2007).**

Schizophrenia patients included about 50% of all the beds of psychiatry wards to themselves and generally they are 16% of all the psychiatry patients, while about 75% to 80% of them are highly disabled and unemployed. The

prevalence of this disorder is 1% all over the world and statistics shows 2,000,000 schizophrenia patients in America. The unemployment occur due to their signs and symptoms and lack of skill. So occupational training centers are helps to reduce the signs and symptoms and improve their skills, **(Jane hally, 2006).**

In Canada 63% of vocational education was provided to the disability people, in that 20-25% of vocational education provided for the mentally ill people. Compare to other countries western countries are providing more vocational training to the mentally ill. They are providing occupational education according to their potentialities and interest of the people. They allot payment for the people according to their work. Mainly vocational training concentrates on working ability and creativity of the mentally ill people, **(Florence, 2005).**

100,000 of people in the United States diagnosed with schizophrenia this year. In United states 25000, in Canada 21000, in Japan 15000 and in Australia 17500 occupational training centers are providing occupational training to the mentally ill people. 45 to 70% percent of disabled adults are remain unemployed, in that 50% of them come under the mentally ill and mentally challenged people, **(Wadsworth , 2005**).

70 million persons with disabilities in India, only about 100,000 have succeeded in obtaining employment in industry. In India 678,247 vocational technical education training centers are providing vocational education to the

peoples. 9000 Occupational training centers are for mentally ill people in India. In India mentally ill people 20 persons per 1000 population they are trained by formal vocational education. 100 persons per 1000 population they are trained by non formal vocational education. Others not yet received any type of vocational training, (**UNESCO, 2006**).

In India incidence of schizophrenia is 15.2 per 100,000 populations and 90% of schizophrenic patients are not getting adequate treatment. 70% of schizophrenic patients are unemployed due to their cognitive impairment, signs and symptoms, poor attention, concentration, lack of insight, logical thinking and working skill. In Delhi1736, Mumbai 1362, Chennai 761, Bangalore 1200 members are affected by schizophrenia. 18% of peoples are affected by schizophrenia in North India, **(Indian statistical report, 2002).**

In India 2.19 crore persons with disabilities out of 2.13 percent of the total population. This includes persons with visual, hearing, speech, locomotor and mental disabilities. Seventy five per cent of persons with disabilities live in rural areas, 49% of disabled population is literate, 51% of disabilities are illiterate, and only 34 per cent are employed. In India One in 40000 psychiatric patients only getting benefits from the occupational training centers. In our country four Regional Rehabilitation Centres and 120 District Disability Rehabilitation Centres are providing various kinds of rehabilitation services to persons with disabilities. There are also several national institutions under the Ministry of

Health & Family Welfare working in the field of rehabilitation, like National Institute of Mental Mealth and Neuro Sciences, Bangalore; All India Institute of Physical Medicine and Rehabilitation, Mumbai and also State governments and 250 private institutions providing rehabilitation services to the disabilities. In Tamilnadu 20 occupational centers are running for mentally ill people. In Erode-2 Trichy -1Nagarkovil- 1, Coimbatore -3, Chennai-4, (**Disability India Journal, 2006).**

The disability action (1997) was established 8 major vocational training centers. It providing services for persons with disability from which 3493 trainees have graduated. Of these graduates 1751 have secured employment or have their own business. But the mentally ill people they are not having adequate employment security,**(Mark weiser, 2003)**

Schizophrenic clients are having cognitive impairment. 6000 schizophrenic clients are selected in this 5000 had a attention deficit, 4000 members had a memory disturbance, 3000 members have a poor communication, 2000 members have visual disturbance. Schizophrenic patients unable to carry their job due to these impairments. Occupational training helps to reduce the impairments and improve working the skills, **(Lisa Dixon, 2008).**

Schizophrenic patients exhibit cognitive impairment, positive and negative signs and symptoms. These signs and symptoms are affects the individual life in

all dimensions. These disturbances affect the physical, motor, psychological, social skill and working ability of an individual. 30% of Schizophrenic patients have disturbance in physical and motor skill, 40% of them have disturbance in psychological skill and 30 % of them have disturbance in social skill. 60% of schizophrenic patients are unable to continue their job due to lack of physical, motor, psychological and social skill, **(Scott.k. et.al, 2003).**

Schizophrenic clients had a low cognitive functioning. Risk of hospitalization is increased 5 times when they have low cognitive functioning. Cognitive impairment affects the occupational status of the schizophrenic patients. Hospitalization is increased due to low socio economic status, **(Mark weiser, 2003).**

Occupational training programme helps to improve the cognition, physical, motor, psychological and social skill. Its emphasis the working ability of an individual, creativity, quality of work performance, adoptability to the environment, improves the memory, hand- eye coordination, intelligence, logical thinking, interpersonal relationship, abstract thinking, perceptual changes, understand the reality, helps to reduce the negative signs and symptoms, reentry in community, helps to perform the role in family as well as community. Occupational training helps to improve 30-40% of physical skill, 30-50% of psychological skill, 20- 40% of social skill. 40-60% of schizophrenic patients working ability were improved with the help of occupational training.

Occupational training helps to promote 30-60% 0f economical enrichment and 40% of quality of life among mentally ill people, **(Hemmerle. M.J**, **2010).**

A meta-analysis of 46 studies published found highly, statistical significant effects of work health promotion, especially occupational therapy on work ability and overall well-being, furthermore, sickness absences seem to be reduced by activities promoting healthy lifestyle, A meta-analysis of 22 studies published determined that workplace health promotion interventions led to small reductions in depression, social isolation and anxiety its noted by the findings, **(Kielfohner, 2002)**

Keioshur, (2008), conducted a study to determine the effectiveness of occupational therapy on borderline line mental retardation participants. Participants were randomly selected. Occupational therapy was given for the duration of 1 hour once a day for 30 days. Results revealed that nearly 42% of participants showed average skill development than the control group.

Längle G (2000), conducted a study to assess the effects of probationary work for psychiatric patients in community-based small businesses during their inpatient or day care. He selected 69 patients were evaluated by Brief Psychiatric Rating Scale (BPRS), the Beck Depression Inventory (BDI), the Global Assessment of Functioning Scale (GAF), choice reaction time (Wiener Determinationsgerät, WDG), attention (Revisionstest) and self-rating of work-relevant skills. They evaluated their working capacity, psychopathology,

motivation for work and patient satisfaction. Occupational therapy, has act as an effective alternative to at least for small therapeutic units.

Keith et.al. (2001), conducted a cohort study use a "snapshot" design to explore employment among people with schizophrenia. The Epidemiological Catchment Area (ECA) study found that people with schizophrenia were more than 4 times as likely to be unemployed as their psychiatrically healthy counterparts in the community.

Kouzisand Eaton (2000), Using the Epidemiological Catchment Area (ECA) cohort in a study of days missed from work because of emotional problems, showed that people with schizophrenia had 18 times the odds of missing work for an emotional problem compared with their healthy counterparts.

Bell et al. (1993), found that adding pay to hospital-based sheltered jobs significantly increased the likelihood that patients would start and remain in the jobs. During the first week the job start rates were 97 percent for those assigned to the paid group and only 37 percent for those assigned to the unpaid group. The rates at week 13 were 65 and 14 percent, respectively, and at week 26, 35 and 5 percent, respectively. The patients who were paid worked more hours during the 26 week intervention period (275 vs. 112 hours, $t = 4.83$, $p < 0.001$.

Keipler(2000), conducted the study, The samples were 84 schizophrenia patients of psychiatric ward of Farabi hospital in Isfahan. Sampling method was convenient and the samples were divided in to two interventional and control

group randomly. The data collecting tool was scale for assessment of negative symptoms (SANS) interventional group was considerably effective in reducing the mean scores of negative signs and symptoms of schizophrenia before and after occupational therapy ($p<0.01$) .Also about this effect on negative symptoms of schizophrenia separately, the findings showed significant difference in the meanmarks difference of flat affect ($p=0.03$), mutism ($p=0.008$) Apathy ($p<0.001$), dissocial ($p=0.001$)and loss of attention ($p=0.02$).

The researcher felt that it is the responsibility of the psychiatric nursing professional to improve the schizophrenic client's skill by the use of joss stick training programme. Thus the investigator is interested to assess the effectiveness of joss stick training programme and level of skill among schizophrenic clients.

STATEMENT OF THE PROBLEM

Effectiveness of joss stick training programme on skill among schizophrenic patients at Government Head Quarters Hospital, Erode, Tamilnadu.

OBJECTIVES

1. Assess the level of skill among schizophrenic patients after joss stick training programme.
2. Determine the effectiveness of joss stick training programme on skill among schizophrenic patients.

3. Find out Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.
4. Find out association between the post test scores on joss stick preparation skill among schizophrenic patients and their demographic variables

OPERATIONAL DEFINITION

- **EFFECTIVENESS**

Effectiveness is defined in terms of improvement in skill for preparing joss stick after joss stick training programme

- **JOSS STICK TRAINING PROGRAMME**

It refers the training given by the researcher to the schizophrenic patients for making joss stick with the help of Video teaching, given once in a day about 30 minutes for 10 days.

- **SKILL**

It refers physical, psychological and social skill among schizophrenic patients to prepare the joss stick. Which is measured by using Modified Whealen and Speaken work skill rating scale.

- **SCHIZOPHRENIC PATIENTS**

It refers to patients who diagnosed as schizophrenia and have the history of schizophrenia for the minimum period of 1 year.

HYPOTHESES

H_1: There is a significant level of skill among schizophrenic patients after joss stick training programme.

H_2: There is a significant effectiveness of joss stick training programme on skill among schizophrenic patients.

H_3: There is a significant Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.

H_4: There is a significant association between the posttest scores on joss stick preparation skill among schizophrenic patients with their demographic variables**.**

DELIMITATION

The study was delimited to

- Assess the effectiveness of joss stick training program.
- Identify the changes in level of physical, psychological and social skill.
- Schizophrenic patients.
- Government Head Quarters Hospital, Erode.

CONCEPTUAL FRAMEWORK BASED ON WIEDENBACH'S HELPING ART OF CLINICAL NURSING THEORY.

A conceptual framework refers to a framework of preposition for conducting research.

Conceptual frame work provides clear description of variable suggesting ways or method to conduct the study and guiding the interpretation, evaluation and integration of study findings**, (Polit and Hungler, 2003).**

The conceptual framework set up for the study is the modified model of Wiedenbach's helping art of clinical nursing theory. Ernestine Wieden Bach's proposed a prescriptive theory of nursing which is described as a conceiving of a desired situation and the ways to attain it. Prescriptive theory directs action towards an explicit goal. It contains 3 factors central purpose, prescription and realities. A nurse develops a prescription based on a central purpose and implements it according to the realities of the situation.

A. Central purpose

In the model references to what the nurse wants to accomplish. It is the overall goal towards with a nurse strives. It transcends the immediate intent of the assignment or task by specifically direct activities towards the patients good.

B. Prescription

It refers to the plan of care for schizophrenic patients. It species the nature of the action that will fulfill the nurses central purpose and the rational for that action.

C. Realities

Refers to the physical, physiological, emotional and spiritual factors that come into plays in a situation involving nursing actions. The five realities identified by Wiedenbach's are agent, recipient, goal, means, and frame work, where the agent is the practicing nurse, recipient is one who receives a nurses action, the goal is the nurses he means are desired outcome, the means are the activities and devices used by the nurse to achieve a goal, the framework refers to the facilities in with nursing is practiced.

Wiedenbach's views nursing practice as an art based on goal directed care. Her vision of nursing practice closely parallel to the assessment, implementation and evaluation. According to her in nursing practice consist of identifying a schizophrenic patients need for help, ministering the needed help and validating that the need for help was met.

The model adopted for this study is the modified form at Wiedenbach's helping art of clinical nursing theory. Investigator adopted this model and perceived apt in enabling to assess the effectiveness of joss stick training

programme on improve the skill. Modified Whealen and Speaken scale was used to assess the evaluation.Central purpose of the study are to improves the cognitive domain such as physical, psychological and social skill. The investigator plans the prescription that will fulfill the central purpose by identifying the various means to achieve the goal.

Thus the investigator selected the method of occupational training programme out of various means / methods, which is considered as safe effectively improves the cognitive domain.

The realities identified in the study are,

Agent - Researcher

Recipient - Schizophrenic patients

Goal - Self employment

Means - Joss stick training programme

Environment – Psychiatry ward.

The investigator conducted the study in such a way the Joss stick training was given to the schizophrenic patients for 10 days. Assess the effectiveness of Joss stick training programme on skill among schizophrenic patients. This intervention could result in either a excellent and good outcome or poor and average outcome. It’s measured by Modified Whealen and Speaken scale. A true

outcome represents the improvement in physical, psychological and social skill among schizophrenic patients by Joss stick training programme, the intervention is reinforced. The poor and average outcome represents there is no change in physical, psychological and social skill by the Joss stick training programme among schizophrenic patients, where the investigator repeats the interventions until the central purpose is achieved

CHAPTER-II

REVIEW OF LITERATURE

The review of literature is a broad, comprehensive, in depth, systematic and critical review of scholarly publication, unpublished scholarly print materials, and audiovisual materials and personal communication, **(Polit and hungler, 2005).**

A review of literature is a written summary of the state of existing knowledge on a research problem. The task of reviewing research literature involves the identification, selection, critical analysis and written description of existing information on a topic, **(Polit and hungler, 2003).**

The review of literature in this study is organized and divided into three under the following headings.

1. The studies related to occupational training programme.
2. The studies related to skill among schizophrenic patients.
3. The studies related to occupational training programme on skill among schizophrenic patients.

1. The studies related to occupational training programme.

Selman et.al.,(2011), A cross-sectional survey was conducted to assess the vocational rehabilitation on quality of life among HIV patients. They gave weaving interventions to the patients. The study was conducted in South Africa and one in Uganda. Randomly 285 samples are selected Missoula vitas index a 26-item questionnaire with five subscales **(**function, symptom, Interpersonal, Well being,

Transcendent**)** covering physical, social, psychological and spiritual domains and one global QOL item. 1 score consider the least point and 5 score consider as high score. Pre and posttest mean score was Function (0.21±3.21), followed by Well being (1.23±5.59)**,** Symptoms (5.01± 8.38), Transcendent (6.28± 9.50), Interpersonal (9.53±12.53). Most important to patients were close relationships (3.02±7.13), feeling at peace (3.92±6.12), sense of meaning in life (1.23± 5.10), being active (2± 5.84), physical comfort (0.23± 4.58). He concluded that patients with vocational training had improved quality of life.

Hanson et.al., (2007), conducted a study on vocational rehabilitation among spinal cord disability peoples. The objective of the study was reassuring their previous occupation. The study was conducted in Bangladesh for a 3 year period. At the end of the allotted three-year period from August 2002 to June 2005 a total of 109 persons had completed the programme. 46 participants between the ages of 15 and 50 years were chosen conveniently from Dhaka's surrounding districts, issues of productivity, safety, physical tolerance and work behaviour were addressed at the end of 3 years.Work rehabilitation programme described here, managed to successfully reintegrate an estimated 50% of the participating individuals, of whom three quarters returned to occupations very similar to their previous ones.

Anderson et.al., (2006), Conducted a prospective study to assess the effectiveness of occupational therapy or rehabilitative services on depression among elderly peoples. The study was conducted from March, 1998 to august, 2005. 754 samples were selected between the age group of 60 -63 years. They used Hamilton Rating Scale for Depression-24. It evaluated possible transactions between 3 states

mild depressed, moderate depressed and no depression. 50% of samples have mild depression, 20% of samples have moderate depression, 30% of samples they are not having depression. The prevalence of depression was substantially higher among trained group than other group ($p < 001$). Occupational and rehabilitative services are highly effective among oldage peoples for reducing their burden.

Schoneour et.al., (2006), Conducted a prospective study to assess the effectiveness of occupational therapy on work skill among depressive patients. They conducted a study over a period of three years in Japan psychiatry hospital. Purposive sampling technique was used to select sample. 112 depresive clients were selected during their follow up they attended outpatient work therapy session. Work skill rating scale and Student t test was used for analysis. At the end of the study 23% of the patients were integrated into the open labour market, 25% were working in sheltered employment, 25% remained in work therapy, and 27% were unemployed. Controlled studies with depressive patients show, that work therapy contributes to improved vocational integration, a reduction of rehospitalizations and community re-entry.

Hartley and Woods (2002), conducted a study to assess the skill on vocational training among mentally retarded patients. Experimental research design matched subject design used. Subjects were matched on the basis of Intelligence Quotient age, sex, diagnosis and task component deficit. 42 patients were included in this study in which 26 were male and 14 female between the age group 5-17 years. Study sample was taken from a special school for the children with Mental Retardation, Baking interventions are given for 1 year period. Pre and posttest verbal mean was (4.00±1.2

and 5.76±1.37), social reinforcements skill was (3.00± 1.45 and 4.6± 1.97), physical skill was (2.5±1.2 and 3.95±1.07). Student t test was used to analyse the effectiveness of the study. Which show ($P<0.05$). Hence the vocational training can be implemented in improving the skill among mentally retarded patients.

Blankart et.al., (2000), conducted a study to assess the effectiveness of occupational training among physically handicapped people. Two hundred students are selected from the handicapped schools. Purposive sampling technique was used for this study. They gave workshop related job training to the selected samples. They measured the working skill with the help of Work skill end rating scale. Pre and post test working skill was assessed in attention, perfection of work, and interpersonal relationship. Results shows that mean value of attention was (4.26 ±9.55), perfection of work, (4.32 ± 10.38) and interpersonal relationship (4.32 ± 8.38). They conclude that occupational training is highly effective among physically handicapped people.

Pionier (2000), conducted a study to assess the effectiveness of vocational rehabilitation among autistic patients. Purposive sampling technique was selected for this study. Samples are adolescents and young adults with autistic disorder. 102 samples are selected in that 35% of adolescents and 49% of adults engaged in self-injurious behavior, and slightly more than 50% of adolescents and adults exhibited some stereotypic behaviors. Over 90% of both adolescents and adults had persisting social deficits. Language improved with age, although only 35% achieved normal or near-normal fluency. Comprehension also improved, although only 29% of subjects had achieved normal or near-normal comprehension of oral language. 28% of all

patients and 53% of adults were living in residential placement. An additional 16% were employed in sheltered workshops.

2. The studies related to skill among schizophrenic patients

Septe Elizagárate E (2009), conducted a prospective study (from November 2005 to July 2008) to assess the effectiveness of vocational training on functional disability among long stay hospitalized Schizophrenic patients. Art therapy is given to the patients. They selected 95 hospitalized patients with schizophrenia in a long-stage unit and 53 healthy controls. Demographic variables are age, gender, and education. Student t "t" test was used for analyses. Neuropsychological battery scale for selected to assess the functional disability. They assess the neurocognitive variables (verbal memory, working memory, executive functioning, and processing speed). Functional disability was assessed at 6-month follow-up with the Disability Assessment Schedule after the neuropsychological and clinical assessment. Patient performance was significantly lower than that of the healthy comparison subjects on all neurocognitive variables ($p < .001$). Results suggest that processing speed has a significant influence in these relationships. Processing speed plays an outstanding role in the relationship between neurocognitive symptoms and self-care,vocational outcome, and social functioning.

Greig T.C (2007), to assess the cognitive function among schizophrenic patients after one year of cognitive training and vocational services. They used purposive sampling technique. Neurocognitive Enhancement Therapy (NET) was used to remediate cognitive deficits in people with schizophrenia who were participating in a vocational program. 72 stable outpatients with schizophrenia or

schizoaffective disorder, recruited from an urban community mental health center were randomly assigned to a twelve-month vocational program. The vocational program had characteristics of individual placement and support (IPS) programs but also included transitional funding. NET included computer-based cognitive training exercises, a social information processing group and a work feedback group. 62 participants completed a neuropsychological test battery before and after treatment. After one year of treatment, participants receiving NET+VOC had significantly greater improvements on measures of executive function and working memory than did participants in the VOC only condition. They conclude that vocational services with a multifaceted cognitive remediation program may improve cognition in participants with schizophrenia or schizoaffective disorder.

Jane Healey (2006), conducted a prospective study to assess the skill on social training programme among schizophrenic patients. The study was conducted over a period of 2 years. Randomized controlled trial sampling technique was selected. Brief Psychiatric Rating Scale was used to find the effectiveness of social skill. Statistically significant improvement in the living skills of personal possessions (p=0.03), food preparation (p=0.05), money management (p=0.03), and life distress adaptation (p=0.02), in adults with persistent schizophrenia. Hence the social training programme can be implemented in improving the social skills among schizophrenic patients.

Landa et.al., (2006), conducted a prospective study to assess the Meta cognitive training programme on skill among schizophrenic patients. Were randomized 40 outpatients are selected. Patients were asked 10 questions on a five-point Likert scale (1 = fully disagree, 2 = disagree, 3 = not sure, 4 = agree, 5 = fully

agree. Treatment was performed weekly twice for 4 weeks, each session has 45-60 minutes. 20-40% of negative signs and symptoms are reduced. Working skill was analysed by student t “t” test. Overall pre and post test mean was (0.87±1.62 and 1.18±1.53) difference $p > .6$. The present study underscores the feasibility and acceptance of meta cognitive training in skill and psychosis.

Davvvies.R. et.al, (2006), conducted a longitudinal study to assess the occupational rehabilitation programs on relationships exist between diagnosis, symptomatology and work skills among schizophrenic patients. Randomized sampling technique was used to select the sampling. 275 clients who attended three psychosocial rehabilitation programs they are selected. They gave mat making training to the schizophrenic patients. The variables examined included symptoms, measured by the Brief Psychiatric Rating Scale, diagnosis, work skills, measured They used Karl pearsons co-efficient of correlation for analysis. symptomatology and work skills was improved significantly. Moderately significant negative correlations were found between symptoms and work skills(r= -0.4). A moderate relationship was found between symptomatology and work skills. Participation in psychosocial rehabilitation programs appeared to have a salutary effect on symptoms and work skills among schizophrenic patients.

Langle G (2006), conducted a prospective, study Do the effects of inpatient vocational therapy and ergotherapy approaches differ in schizophrenic patients. Were prospective, randomized control group design 227 patients were enrolled in the study, which was carried out within the framework of the German Research Network on Schizophrenia. In which five vocational therapy

models were compared with creativity-oriented ergotherapy in a relevant skills, psychopathology, general level of functioning, quality of life, self-efficacy, and speed of cognitive performance. Multicenter analyses in a pre-post comparison revealed only minimum differences between the experimental and the control group over a four-week intervention period. Job-oriented approaches cannot currently be assumed to be superior to creativity-oriented ergotherapy.

Liberman (2000), conducted a comparative study to assess the effectiveness of social skill training and holistic training on skill among Schizophrenic patients. Camirilo hospital they selected 28 hospitalized patients with schizophrenia. 14 members get social skill training and another 14 get holistic training. Randomized controlled sampling technique was selected for this study. They gave jogging, art therapy, meditation as a social skill interventions. They selected Katz social adjusting scale for measuring the skills. Immediate after training, at the end of 3 month programme and follow up of 9 th month they analysed the skill by correct response to the role play. Patient's social skill and holistic skill before training was 60% and 58%, After training 75% and 63%, At the end of follow up 78% and 60%. Results shows that social skill training have higher effect on skill compare to holistic training among schizophrenic patients.

Bioty et.al., (2000), conducted a comparative study to assess the psychosocial rehabilitation programs on symptoms and social skills among schizophrenic patients. 91 subjects with impaired and unimpaired social skills enrolled in a vocational rehabilitation program. This study compared the symptom levels and performance on neuropsychological testing of after 10 weeks of rehabilitation and a supportive group

treatment, social skills among a subsample of 41 subjects with initially impaired social skills were reassessed. Results indicate that subjects with initially impaired social skills had significantly higher levels of negative symptoms. Griffiths Work Behavior Scale was used for this study.. Multiple regression analysis revealed that cognitive impairments at intake, rather than level of negative symptoms, predicted improvement among subjects with initially impoverished social skills (R2 = .35). Results suggest that level of cognitive impairment is associated with the persistence of social skills deficits in schizophrenia.

3. The studies related to occupational training programme on skill among schizophrenic patients

Verdoux .H (2010), conducted prospective a study to assess the occupational outcome on the follow up care of illness and skill with over the 2 years following the first request of disability status. Were 121schizophrenic and schizoaffective patients are selected, in that 108 patients are continued the rehabilitation for baking occupational training. Nearly half of the persons (41.7%) had worked over the follow-up, irrespective of the type and duration of the occupation. The working periods were of short duration (median duration 14.5 days, interquartile range 6.5-47.5) and most (98%) were done in low-qualified jobs. mainly from recruitment agencies specialized in supporting disabled workers.. were more likely to have worked over the follow-up period (66.7% vs 33.3%; OR=3.9; 95% IC 1.3-11.3; $p<0.01$) as well as persons who had benefitted from institutional support (61.1% vs 38.9%; OR=3.0; 95%IC 1.2-7.8; $p=0.02$). Nearly half of the persons reported that they had benefitted from support for starting or returning to work. Short duration leads to low qualified job.

Sakai K (2009), conducted a retrospective, cross-sectional study to assess the working skill among schizophrenic patients. The study was conducted in Japan. They provide psychiatric care and a working-support service. They selected 36 schizophrenic outpatients who were employed in the working support program participated. They divided the sample into working group and non-working group, based upon whether they worked more or less than 20 hours a week. Fisher's exact probability test was used for the analyses. The working group have completed high school ($p<0.05$,), disclosed their disability to their employers ($p<0.05$,) and worked less than 20 hours in their initial employment ($p<0.001$,). Logistic regression analysis revealed that the disclosure of disabilities (odds ratio=6.00, $p=0.02$), shorter initial working-time (odds ratio=27.6, $p<0.001$), or higher educational level (odds ratio=6.42, $p=0.02$) increased the probability of success of competitive employment. For the other outcomes (severity of psychotic symptoms, disability of daily life). They used Mann-Whitney's U-test for the analyses. There was no difference between the two groups ($p>0.05$). In this program, participation in competitive employment not be associated with the severity of psychotic symptoms, disability of daily life but may be promoted by the disclosure of disabilities, shorter initial working-time and higher education.

Bell MD (2008), conducted a prospective study to assess the effectiveness of Neurocognitive enhancement therapy with vocational service on work skill among schizophrenic patients. Randomized controlled trail sampling technique was used for this study. 72 patients are participated in a hybrid transitional and supported employment program (VOC) and were randomized to either NET+VOC or VOC only.

NET+VOC included computer-based cognitive training, work feedback and a social information information-processing group. VOC only also included two weekly support groups. They used Global assessment functioning scale. Active intervention was 12 months with 12 month follow-up. Follow-up rate was 100%. NET training improved vocational outcomes, suggesting the value of combining cognitive remediation with other rehabilitation methods to enhance the working skill and functional outcomes.

Brieger.p et.al., (2006), conducted a study to assess the Vocational rehabilitation on skill among schizoaffective patients. Study was conducted in German community area and they gave painting occupational therapy. The purpose of this study is to examine the course of work performance in order to differentiate between responder groups and to distinguish between those groups regarding socio demographic status, psychiatric diagnosis, level of individual satisfaction and vocational rehabilitation success. Convenient sampling technique was used to select 125 samples for this study. Work Personality Profile (WPP) scale was used for this study. A cluster analysis was selected to identify different responder groups.10% poor, 40 % of attained moderate, 40% of improving and superior work performance were identified. These groups differed in educational level, psychiatric diagnosis, individual satisfaction and rehabilitation outcome. Student t test was used to analysis. P> 0.005 there is a significant difference between their demographic variables.

Charles et.al., (2006), conducted prospective a study to assess the job skills among schizophrenic patients. The study was conducted in U.S.A. They selected

randomly 120 patients based on convenient sampling. 4 weeks computer board training was given for the patients. Griffths work skill rate scale was used. They rated on the skill "poor", "average" and "good".10% of schizophrenic patients were in poor, 60% of schizophrenic patients were in average, 30% of schizophrenic patients were in good. There is no significant difference between their demographic variables $p<0.001$. they conclude that job skill training highly improve the skill among schizophrenic patients.

Bekker.w et.al., (2005), conducted prospective study to assess the course and outcome of vocational rehabilitation among mentally ill patients. They used 3 types of interventions outpatient work therapy programmes at psychiatric hospitals, part time jobs in sheltered employment in companies and workshops for the mentally disabled, in the north-western German region of Westphalia-Lippe. Work skill end scale was selected for this study. The study was conducted for 3 year duration. They selected 471 were in 295 men and 176 women with a mean age of 36.1 year (+/- 9.6). The majority were chronically ill patients with a history of frequent long-term hospitalisation. 61% of all probands were suffering from schizophrenic disorders. The outcome of vocational rehabilitation differs substantially among the three programme types, primarily due to varying baseline conditions, subjective expectations or goals, and courses of illness. The programmes are not alternatives but should be seen as supplementary components of a care system which has to meet a wide range of patient requirements. Vocational integration into the open labour market is a desirable and realistic objective for only some of those concerned.

Rusch et.al., (2004), conducted study Research on barriers to treatment and rehabilitation readiness on skill among schizophrenia, especially focusing on risk factors of poor outcome in social and vocational functioning, has focused on the role of social cognition and neurocognition. Convenient sampling technique was selected for this study. 133 schizophrenic inpatients on rehabilitation ward using structural equation modeling (SEM) to test whether social cognition has a stronger and more direct influence on vocational functioning than nonsocial cognition. The results supported the hypothesized model, that is, 25% of work-related social skills could be explained by social cognition and nonsocial cognition. The direct impact of nonsocial cognition on vocational functioning was smaller than the impact of social cognition on work-related social skills. An overwhelming proportion of social cognition (83%) could be explained by nonsocial cognition.

Drake et.al., (2002), conducted a study to assess the effectiveness of vocational therapy on the course of cognitive improvement and skill among schizophrenic patients in community area. The study was conducted for 2 years and they gave plywood training. Mainly memory, concentration and attention were assessed. In 120 patients (70 men and 50 women) were included in the study. Brief psychiatric rating scale was used to assess the cognitive improvement. Among 120 patient 30% of improvement in memory is noted, 40% of improvement in attention and 30% in the concentration is noted. Student t test was used to analyse the effectiveness, which shows ($P<0.05$). Hence the vocational training can be implemented in improving cognitive function among mentally ill patients.

Robinson S (2000), conducted a study to assess the effectiveness of vocational rehabilitation on attitude of mental illness and skill among schizophrenic patients. 122 samples were selected randomly assigned to a program with an employment specialist or to a control group with no specialized vocational services. Experimental group received welding practices. Clients in the program were taught work skills and attitudes in group and individual sessions and through a trial work experience. A schedule of rewards reinforced positive changes. Outcomes measured were skill gains, changes in work attitudes, attainment of employment, and entry into the state vocational rehabilitation system. At nine months, 34 of the 61 clients in the program achieved positive changes in vocational status that included competitive employment, participation in training and evaluation programs operated by the state vocational system, and formal referral to the system. Only one client in the control group was linked to the state system. Skill gains and positive changes in work attitudes were found for all program clients. Logistical regression suggested that program participation, rather than client characteristics, was an important predictor of a positive outcome. Vocational rehabilitation can be an integral part of the rehabilitation process for all mental health clients.

Eikelmann B et.al., (2000), conducted prospective study to assess the course and outcome of vocational rehabilitation among schizophrenic patients. They conducted a study in Westphalia Psychiatric Hospital, Germany. Computer use application training given for the follow up care of schizophrenic patients. Randomly 471 samples are selected from 3 vocational rehabilitation centers. Behavioural work skill rating scale was used for this study. After 3 years 11% of the patients were in

competitive employment, 67% (still) in sheltered employment, 7% in out-patient work therapy programmes and 15% were unemployed. It is important to notice that 74% achieved their subjective rehabilitation goals expressed at baseline. Vocational rehabilitation programmes are an essential part in the treatment of people with chronic mental illness. Integration into work varies markedly while patients' satisfaction is comparably good. Competitive employment represents a realistic objective only for patients with high motivation and favorable preconditions.

CHAPTER-III

RESEARCH METHODOLOGY

Research methodology is a significant part of any study which enables the research to project the research undertaken, **(Abdullah 1979).**

Research methodology is a systematic way to solve the research problem and also to carry out the academic study and research in a correct manner, **(Polit and Beck, 2004).**

This chapter includes research approach, research design, setting, population, and sample, sample size, sampling technique, development of tool, content validity, and reliability of tool, method of data collection and plan for data analysis.

RESEARCH APPROACH

B.T. Basavanthappa, (2007), states that research approach is a basic procedure for the conduction of research study.

The research approach is the most essential part of any research. The entire study based on it. The research approach used in the study, is applied form of research to find out how well a program and intervention, is effective. In this study to evaluate the effectiveness of joss stick training programme among schizophrenic patients. Therefore quantitative evaluative approach as selected to test the effective of the intervention.

RESEARCH DESIGN

Ram ahuja, (2007*)* states that research design is master plan specifying the methods and procedure for collecting and analyzing the needed information.

The design used for the present study was pre experimental design where one group post test design was selected to evaluate the effectiveness of joss stick training programme on skill among schizophrenic patients.

Fig 3.1Diagrammatic representation of research design

Purposively selected Schizophrenic patients	**Treatment**	**Post test**
Experimental group	X	O_1

X – Joss stick training programme

O_1 – Posttest scores on level of skill among schizophrenic patients

SETTING OF THE STUDY

The study was conducted at Government Head Quarters Hospital, Erode. It is located 20 kms away from Dhanvantri College of Nursing. It is a 650 bedded hospital in which the Psychiatric ward has 25 beds. An average admission of 60-80 patients per month among which 40 patients are admitted for schizophrenia.

VARIABLES

A concept which can take on different qualitative values are called as variables **(kothairi.C.R.2004)**

The variables under the study are following,

Independent Variables

According to **Polit & Hungler (1999)** the variable that is believed to care or influence the behavior and ideas.

In this study the independent variable refers to Joss stick training programme.

Dependent Variables

The dependent variable is the variable that researcher is interested in understanding, explaining and preceding **(polit & hungler, 1999)**

In this study the dependent variable refers to skill.

POPULATION

Polit & Hungler, (1999), states that a population refers to aggregate (or) totality of all the objects, subjects (or) numbers that conform to a set of specification.

Populations for the present study was Schizophrenic patients

SAMPLE

According to Polit & Beck (2008), the sample is the population selected to participate in the research study

In this present study the sample were schizophrenic patients at Government Head Quarters Hospital, Erode, Tamilnadu, willing to participate and present during the period of data collection.

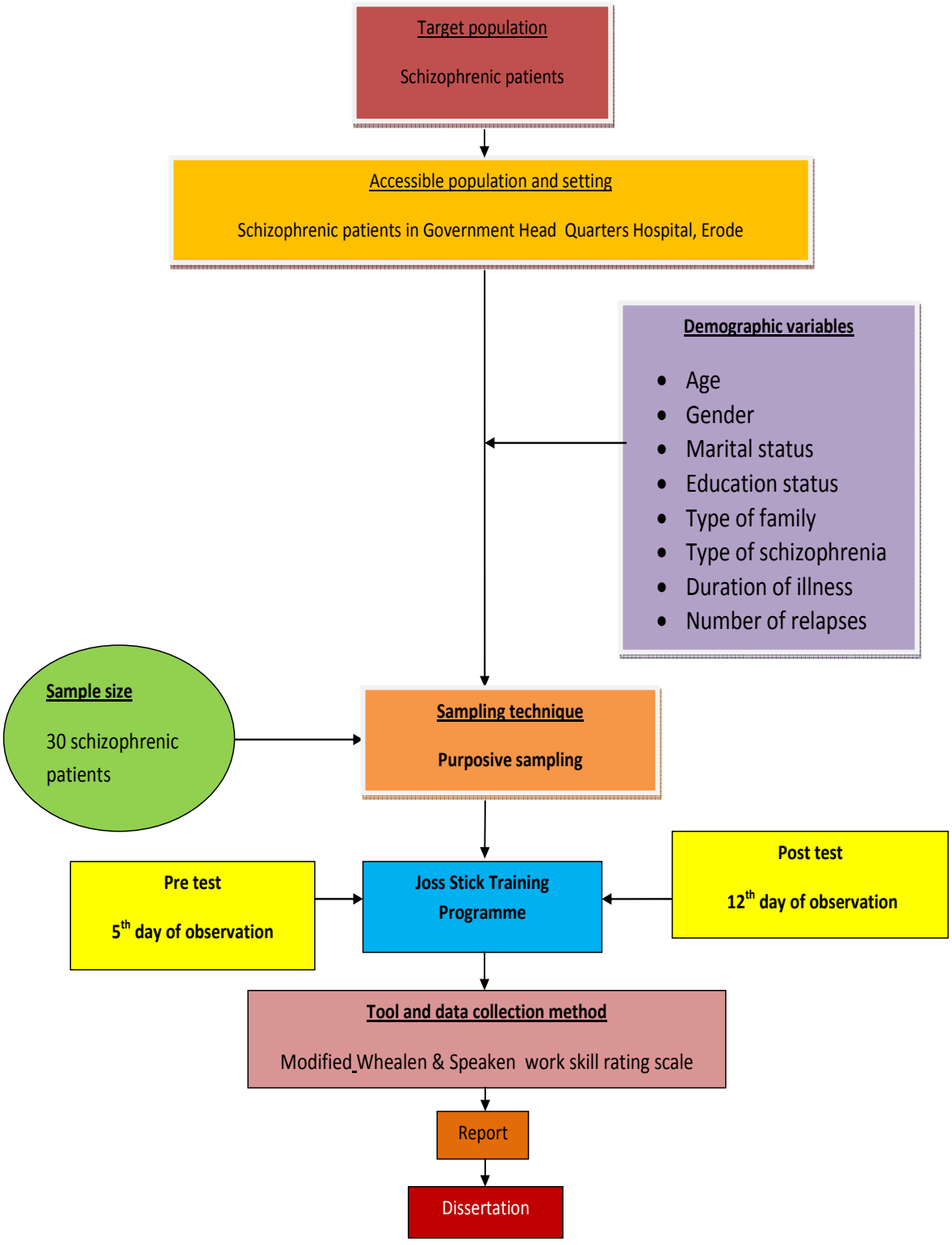

Fig. 3.2: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

SAMPLE SIZE

Sample size is normally decided by nature of the study, nature of the population, type of sampling technique, total variables, statistical test adopted for data analysis, sensitivity of the measures and attribution, **(Polit and Beck, 2004).**

The total sample size was 30 schizophrenic patients.

SAMPLING TECHNIQUE

According to polit & Beck (2004), sampling refers to the process of selecting the population to represent the entire population.

Purposive sampling technique was used for the present study. All schizophrenic patients are admitted in psychiatric ward, at Government Head Quarter's Hospital, Erode and present during the period of data collection were selected as sample.

According to Ram Ahuja (2001), purposive or judgmental sampling is the researcher chooses persons by choice not by chance.

CRITERIA FOR SAMPLE SELECTION,

Inclusion criteria

Schizophrenic patients with

- Age group of 18 years and above,
- Both gender,

- Simple, Chronic and Paranoid type,
- Who are present during the data collection period,
- After 3 days of admission at psychiatric ward.

EXCLUSION CRITERIA

- Catatonic schizophrenia,
- Co-morbid schizophrenic disorders,
- Unco-operative patients,
- Patients who were on joss stick training programme.

DEVELOPMENT OF THE TOOL

The instrument selected in a research must be the vehicle that obtains best data for drawing conclusion to the study, **(Treece & Treece, 1986).**

The tool acts as an instrument to assess and collect the data from the respondents of the study.

There are two sections of tools which were used. They are;

Section A: Demographic variables

It consists of demographic characteristics of schizophrenic patients such as Age, Gender, Marital status, Educational status, Type of family, Type of schizophrenia, Duration of illness and Number of relapses

SECTION B: WHEALEN & SPEAKEN - MODIFIED WORK SKILL RATING SCALE

It consists of modified work skill rating assessment tool. It contains 20 items. It is based on physical, psychological and social parameters. The scale was rated in 4 categories i.e. “Poor” caries 1 score, “Average” carries 2 score, “Good” carries 3 score, “Excellent carries 4 score. So total score was 80.

PARAMETERS	ITEMS
Physical skill	7
Psychological skill	7
Social skill	6
Total	20

SCORING PROCEDURE

Based on the scores the level of skill was graded in 4 categories. They are “poor skill” “average skill”, “good skill” and “excellent skill”.

Table 3.2, Level of skill based on the percentage of scores

Level of skill	Actual score	Percentage (%)
Poor	0 – 20	<25
Average	21 – 40	26-50
Good	41 – 60	51-75
Excellent	61 - 80	76-100

VALIDITY

The content validity refers to the degree to which instrument measures, what is supported to be measured, **(Polit and Hungler., 1999).**

The content validity of the demographic variables and Modified Whealen & Speaken work skill rating scale was validated with guide and experts. The experts were Mental health nurse specialist, Psychiatrist, Psychologist, Occupational therapist, Statisticians. The tool was modified according to the suggestions and recommendations of the experts, **(Annexure VIII).**

RELIABILITY

According to **Polit and Hungler (1999),** reliability of research instrument defined as the extent to which the instrument has the same result o repeated measures.

The reliability of Modified Whealen & Speaken work skill rating scale was tested by implementing the tool on 3 schizophrenic patients in government head

quarters hospital, Erode, This is same sample area. A Test-Retest method was used to test the reliability of the tool and the tool was found to be reliable (**r^1 = 0.95).**

DATA COLLECTION PROCEDURE

According to polit and beck (2000), the instrument is written device that a researcher used to collect the data.

The word "data" means information that is systematically collected in course of the study.

Permission from the concern authority

Prior to collection of data, permission was obtained from the head of the department of government head quarters hospital, Erode, Tamilnadu, (Annexure I and II).

Period of data collection

The investigator collected data for the period of 1 month from 10.8.11 – 11.9.11. The investigator collected post test data from the experimental group.

Implementation of Joss stick training programme

Joss stick training programme was demonstrated to the patients after third day of admission. Every first day of the visit, the training was demonstrated by the investigator. Following that investigator demonstrated the joss stick training programme with video teaching, which was shown to the patients for 30 minutes once a day for 9 days

Evaluation of Joss stick training programme

Evaluation of Joss stick training programme was done by using Modified Whealen and Speaken work skill rating scale. 5^{th} day of observation was considered as pretest and 12^{th} day observation was considered as post test. This separation was made to compare the effectiveness of Joss stick training programme among schizophrenic patients.

PLAN FOR DATA ANALYSIS

- Level of skill among schizophrenic patients after joss stick training programme was analyzed by using **frequency and percentage distribution.**
- Effectiveness of joss stick training programme on skill among schizophrenic patients was analyzed by using **paired 't' test, mean, standard deviation and mean percentage**
- Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients was analyzed by **Karl pearsons co-efficient of correlation.**
- Association between the post test skill on joss stick preparation among schizophrenic patients and their demographic variables was analyzed by **chi-square test.**

SUMMARY

Pre experimental design was carried on 30 schizophrenic patients admitted in psychiatric ward, at Government Head Quarter's Hospital, Erode, Tamilnadu, by using purposive sampling technique. Modified Whealen & Speaken work skill rating

scale was used to assess the level of joss stick training programme on skill among schizophrenic patients. The data were collected after obtaining permission from the head of the department of Government Head Quarters Hospital, Erode, Tamilnadu. Data were planned to analysis by using descriptive and inferential statistics and to be presented in the form of tables, graphs and figures.

CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested.

(Polit and Hungler, 2003)

Analyses enable the researcher to reduce, summarize, organize, evaluate, interpret and communicate numerical information.

(**Polit and Hungler, 2003)**

This chapter deals with the analysis and interpretation of data collected from 30 schizophrenic clients by using purposive sampling technique from psychiatric ward, at Government Head Quarter's Hospital, Erode, to assess the effectiveness of joss stick training programme on skill among schizophrenic patients.

The data were coded and analyzed as per objectives of the study as follows:

SECTION A

Description of schizophrenic patients according to their demographic variables.

- Frequency and percentage distribution of samples according to their demographic variables.

SECTION-B

Assess the level of skill among schizophrenic patients after joss stick training programme.

- Frequency and percentage distribution of the posttest scores of skill among schizophrenic patients.

SECTION –C

Determine the effectiveness of joss stick training programme on skill among schizophrenic patients.

- Paired “t” test value of joss stick training programme on skill among schizophrenic patients.
- Area wise comparison of Mean, Standard deviation, and Mean percentage of physical, psychological and social posttest skill on joss stick preparation among schizophrenic patients.

SECTION- D

Find out correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.

- Find out the correlation between physical and psychological skill on joss stick preparation among schizophrenic patients.
- Find out the correlation between physical and social skill on joss stick preparation among schizophrenic patients.

- Find out the correlation between psychological and social skill on joss stick preparation among schizophrenic patients.

SECTION- E

Find out association between the post test skill on joss stick preparation among schizophrenic patients and their demographic variables.

- Chi square value on association between the demographic variables and the post test skill on joss stick preparation among schizophrenic patients.

SECTION – A

DESCRIPTION OF SCHIZOPHRENIC PATIENTS ACCORDING TO THEIR DEMOGRAPHIC CHARACTERISTICS

Table: 4.1 Frequency and percentage distribution of samples according to their demographic variables.

(N = 30)

S. No	Demographic variables	Frequency(n)	Percentage (%)
I	**Age in years**		
1	18-28years	14	47%
2	29-38years	11	36%
3	39-48years	3	10%
4	49-58 years	2	7%
II	**Gender**		
1	Male	20	67%
2	Female	10	33%
III	**Marital status**		
1	Married	6	20%
2	Unmarried	19	63%
3	Separated	5	17%
IV	**Educational status**		
1	No formal education	6	20%
2	Primary Education	7	23%
3	Secondary Education	15	50%
4.	Higher secondary education	2	7%

S. No	Demographic variables	Frequency(n)	Percentage (%)
V.	**Type of family**		
1	Nuclear family	22	74%
2	Joint family	4	13%
3	Extended family	4	13%
VI.	**Type of schizophrenia**		
1.	Simple schizophrenia	22	40%
2.	Paranoid schizophrenia	6	20%
3.	Chronic schizophrenia	22	40%
VII	**Duration of illness**		
1	1-2 Years	10	33%
2	2-4 Years	14	47%
3	Above 4 years	6	20%
VIII	**Number of relapses**		
1	No	8	27%
2	Once	14	46%
3	Twice	8	27%

Table 4.1 Reveals the frequency and percentage distribution of schizophrenic patients with their demographic variables.

Distribution of samples according to their age group depicts that, most (47%) of the patients were in the age group of 18- 28 years. However, 37% of patients were in the age group of 28-38 years, 10% of patients were in the age group of 39-48 years and only 7% of patients were 49-58 years of age. Schizophrenia is the fourth leading

cause for disability in between the age of 15- 44 in developed countries, **(Poulton 2000).**

Genders wise distribution of sample shows that, most (67%) of the schizophrenic patients were males and only 33% of them were female. Male and female schizophrenia ratio is 4: 1, **(saha, 2005).**

Distribution of samples according to their marital status shows that most (63%) of schizophrenic patients were Unmarried, 20% of them were married and only 17% of schizophrenic patients were separated. 60% 0f schizophrenic patients are unmarried. It concludes that most of them unmarried, **(Nyer, 2009)**

Distribution of samples according to their educational status shows that highest percentage (50%) of patients had secondary education, However more or less similar percentage (23% and 20%) of them primary education and no formal education respectively and only 7% of patients were higher secondary education. 58% of schizophrenic patients have secondary education,**(Lisa,2008)**

Distribution of samples according to their type of family shows that most (74%) of them were respectively nuclear family and similar percentage (13% and 13%) of them were joint family extended family respectively, It concluded that 80% of them were living in nuclear family, **(Ganguly,2009)**

Distribution of samples according to their type of schizophrenia shows that similar percentage (40% and 40%) of them had simple schizophrenia and chronic

schizophrenia respectively and only 20% of them had paranoid schizophrenia. 50% of schizophrenic patients are diagnosed as simple schizophrenia, **(Sanjeev,2009)**

Distribution of samples according to their duration of illness shows that, most (47%) of them between 2-4 years during of illness. However, 33% of them between 1-2 years and 20% of them were above 4 years.

Distribution of schizophrenic samples according to their number of relapses shows that 46% of them had once during their illness and similar percentage (27% and 27%) of them had no relapse and 2 times during their illness. The 80 % of schizophrenic patients have relapses during their illness period, **(Mark weiser, 2003).**

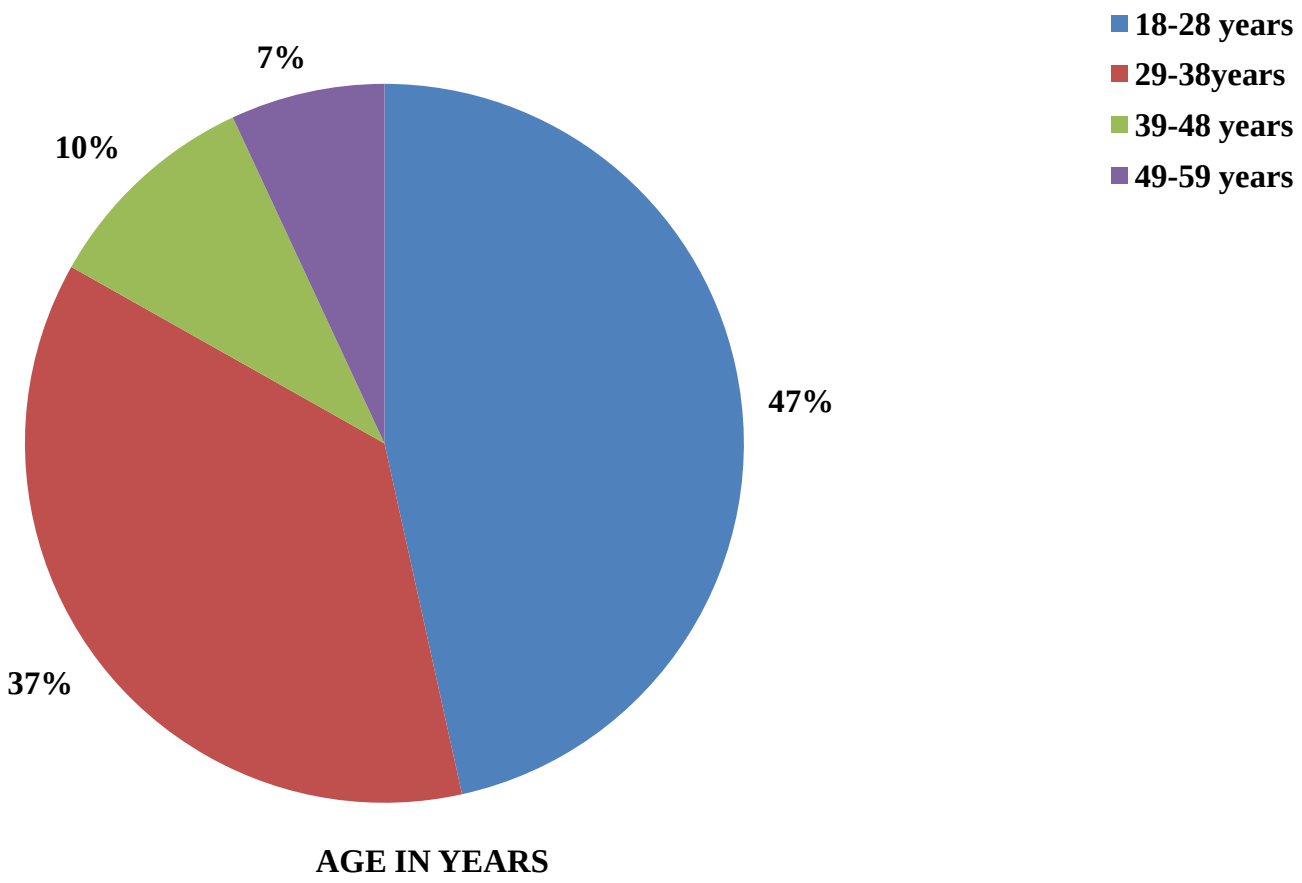

Figure 4.1: Pie diagram showing the percentage distribution of schizophrenic Patients according to their age group

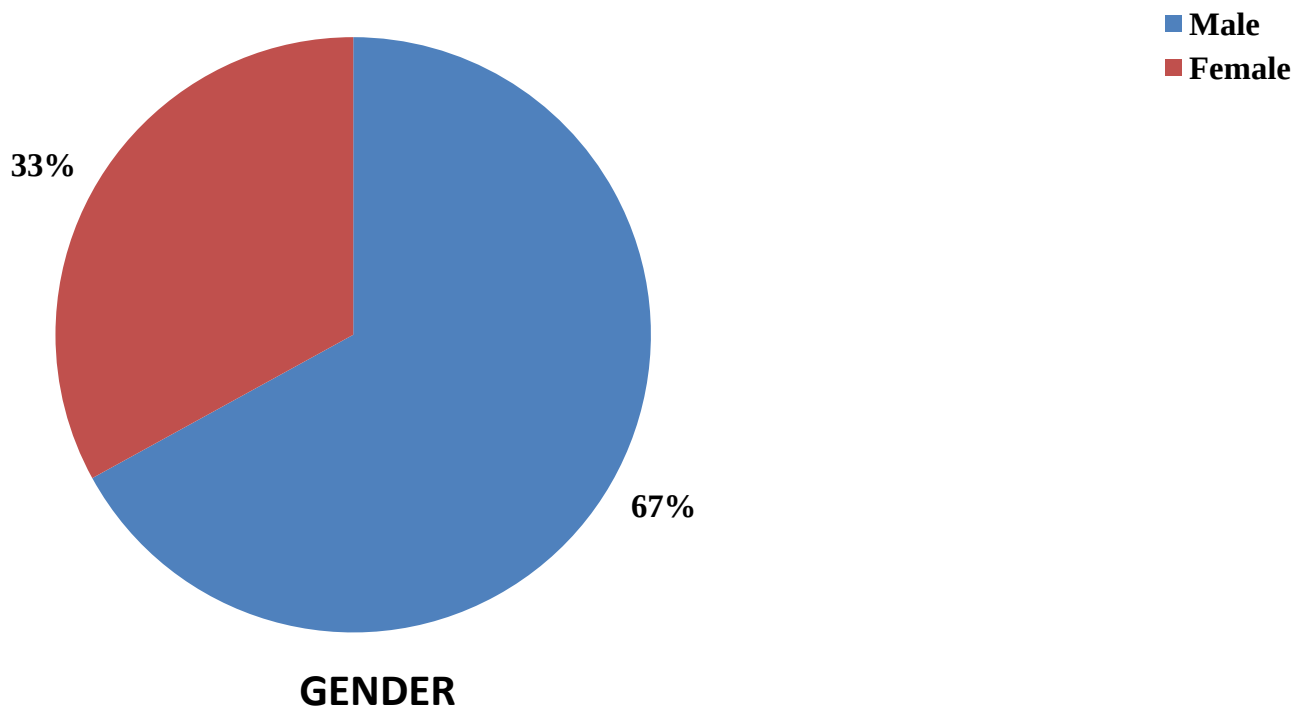

Figure 4.2: pie diagram showing the percentage distribution of schizophrenic Patients according to their gender.

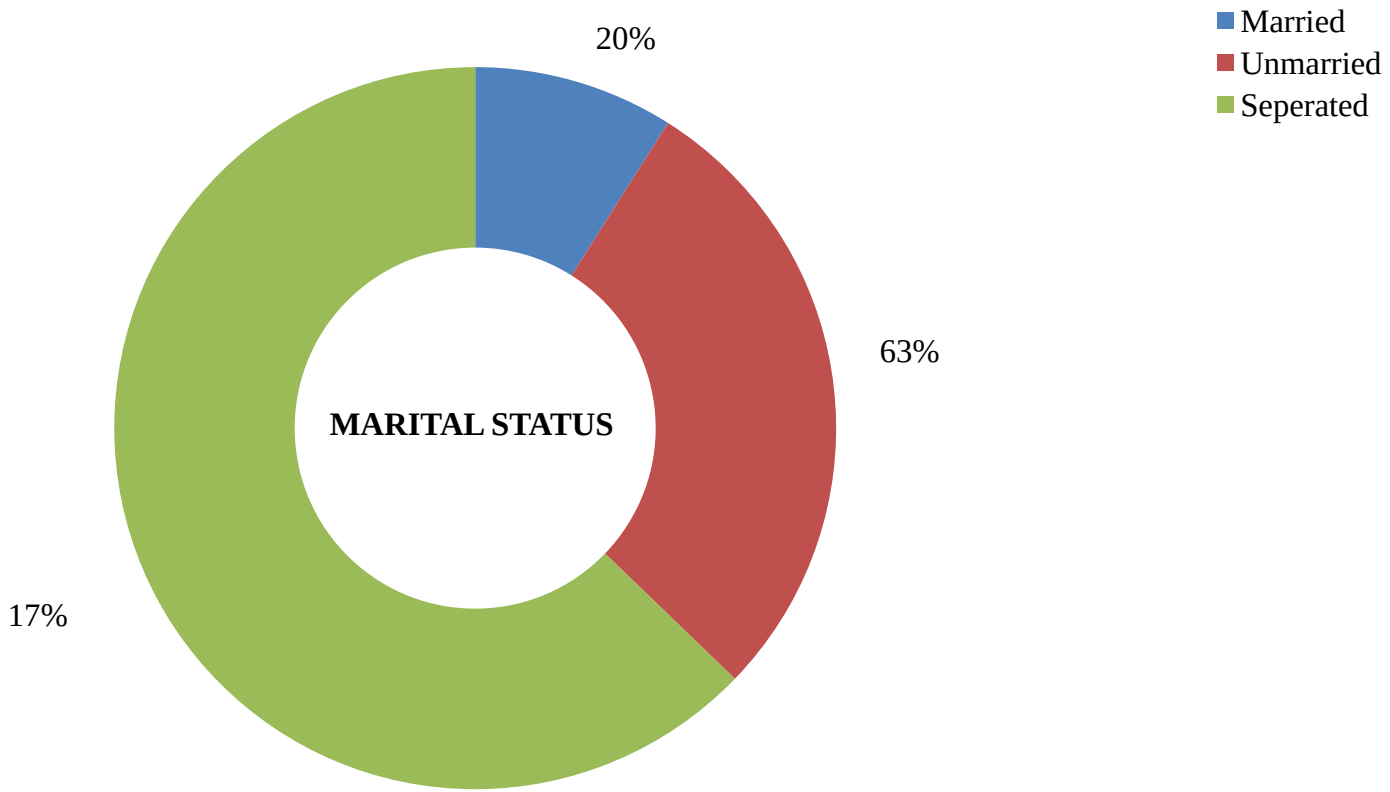

Figure 4.3: Doughnut diagram showing the percentage distribution of schizophrenic Patients according to their marital status

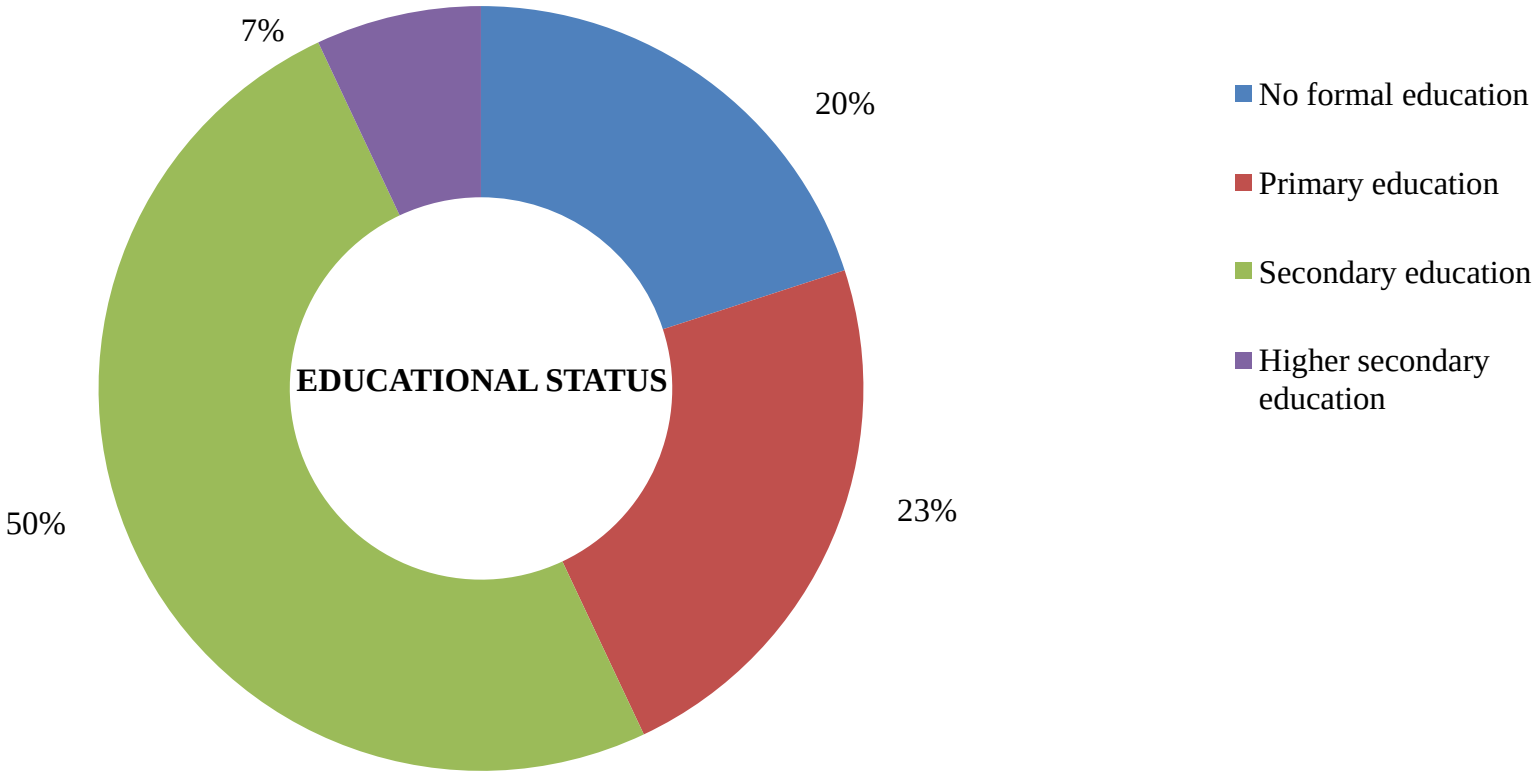

Figure 4.4: Doughnut diagram showing the percentage distribution of schizophrenic patients according to their educational status.

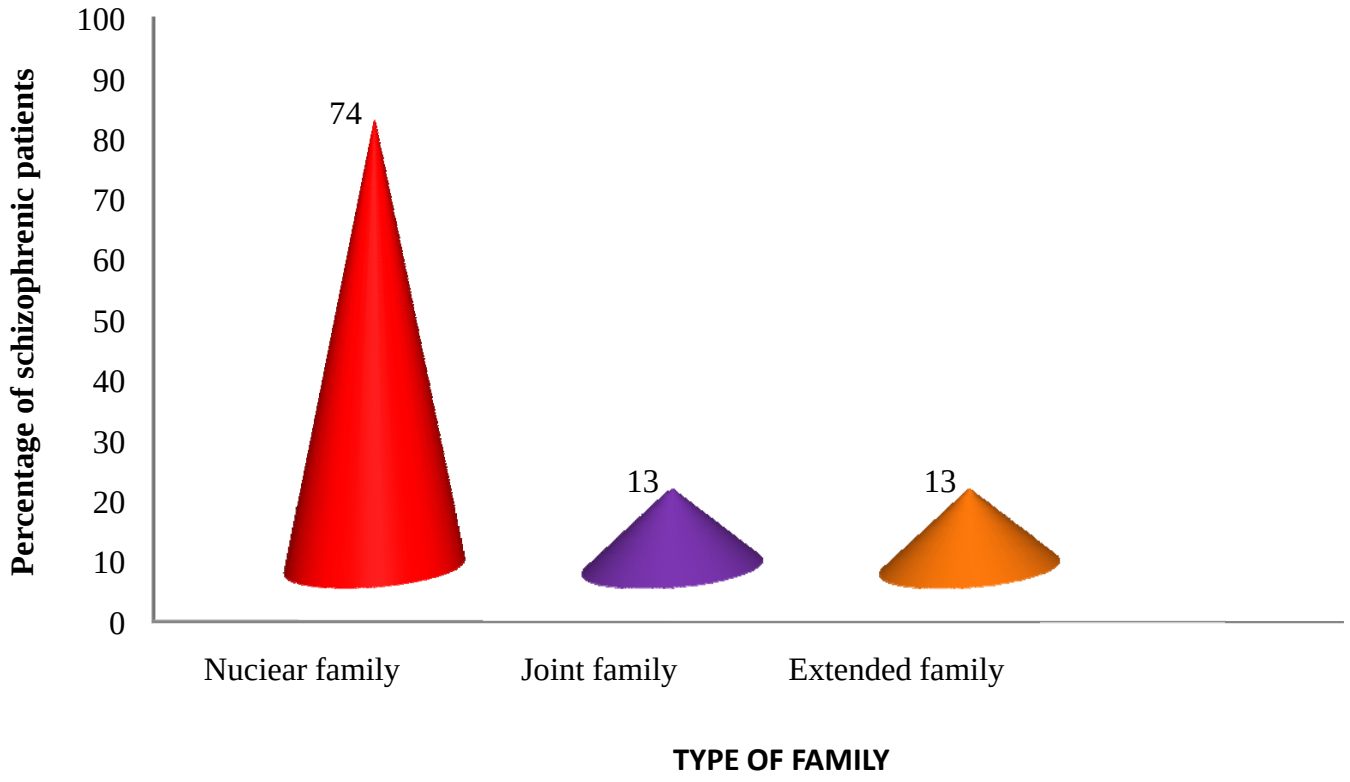

Figure 4.5: Cone diagram showing percentage distribution of schizophrenic patients

According to their type of family

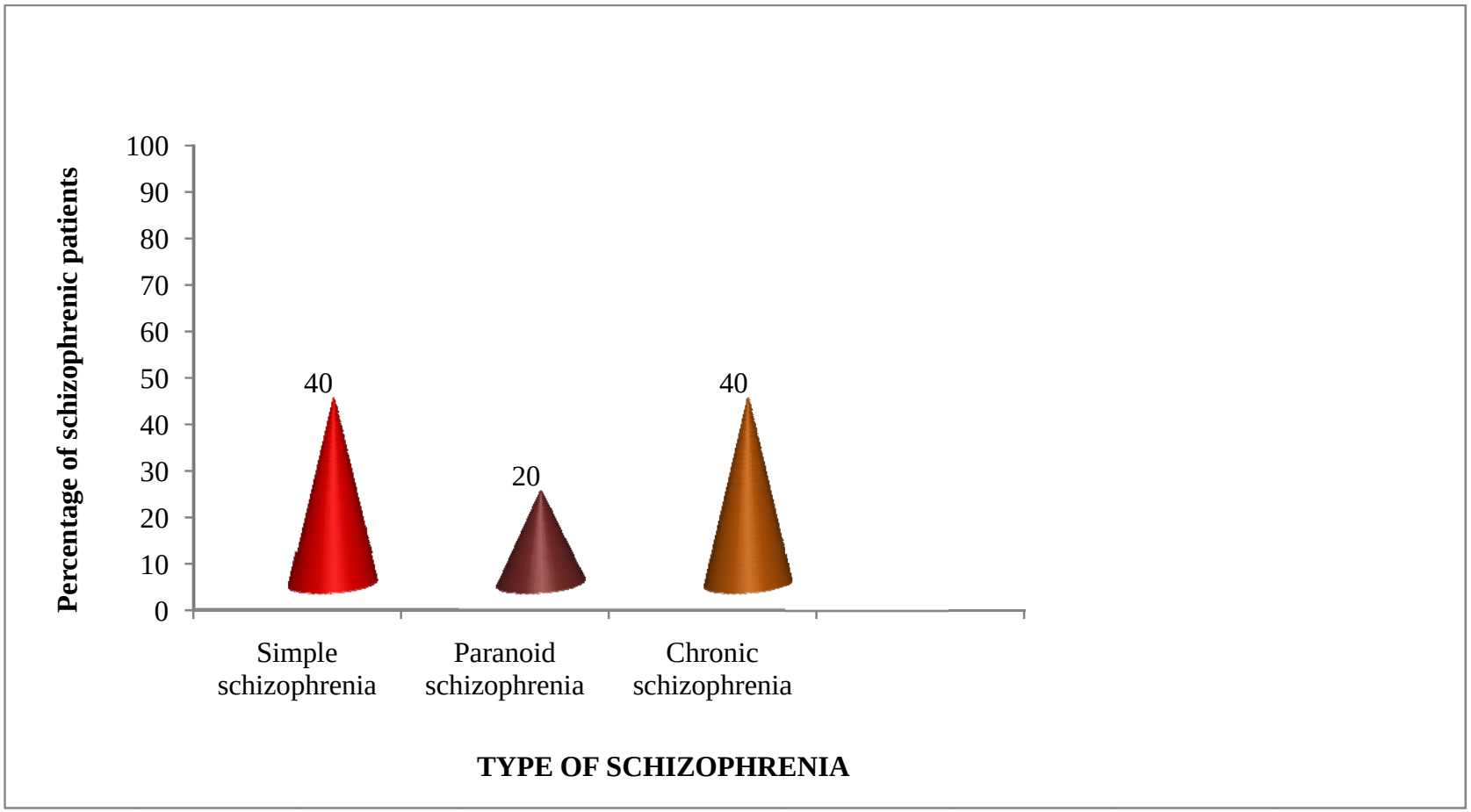

Figure 4.6: Cone diagram showing the percentage distribution of schizophrenic patients according to their type of schizophrenia

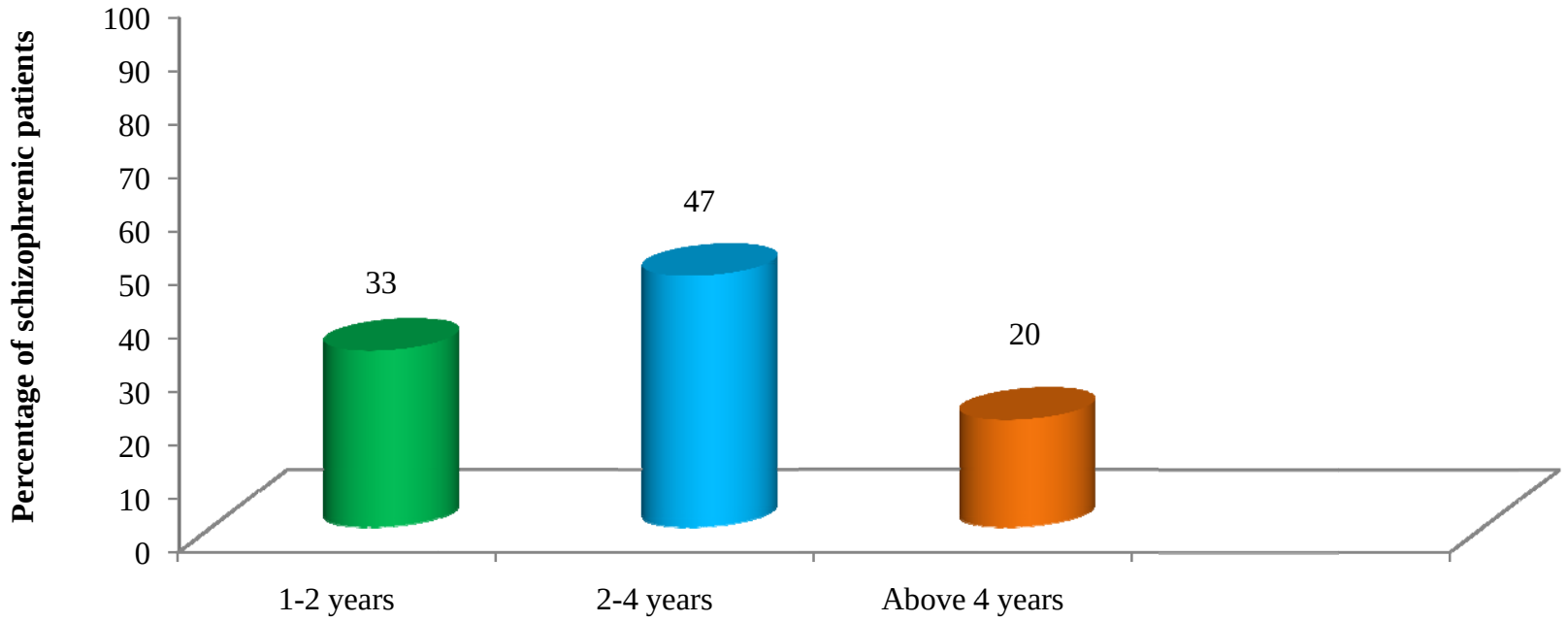

Figure 4.7: Bar diagram showing the percentage distribution of schizophrenic patients according to their duration of illness

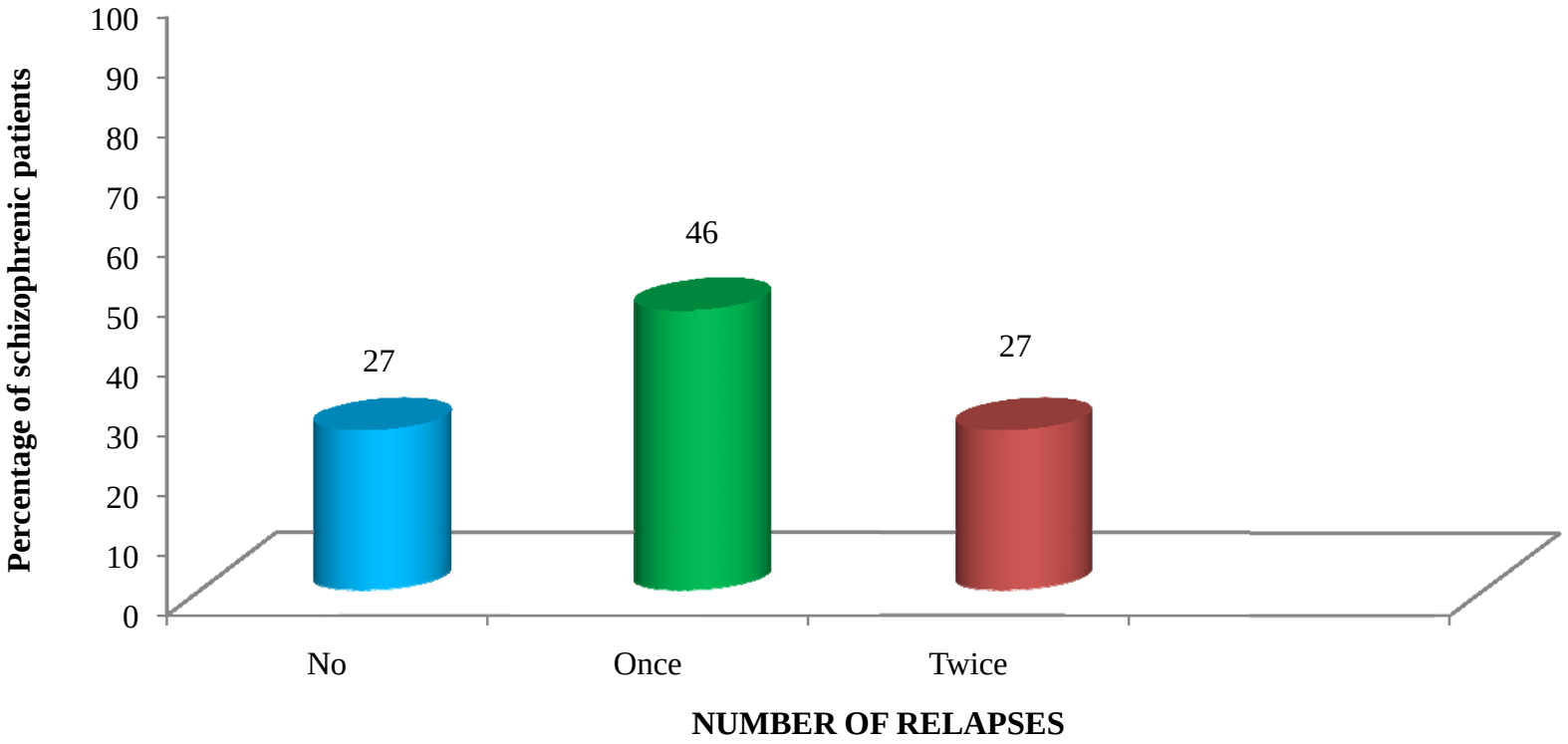

Figure 4.8: Bar diagram showing the percentage distribution of schizophrenic patients according to their Number of relapses

SECTION-B

ASSESS THE LEVEL OF SKILL AMONG SCHIZOPHRENIC PATIENTS AFTER JOSS STICK TRAINING PROGRAMME

Table: 4.2, Frequency and percentage distribution of the pretest and posttest scores of skill among schizophrenic patients.

(N = 30)

Level of skill	Schizophrenic patients			
	Pretest		Posttest	
	Frequency (N)	Percentage (%)	Frequency (n)	Percentage (%)
Poor	-	-	-	-
Average	20	67%	17	57%
Good	10	33%	13	43%
Excellent	-	-	-	-

Frequency and percentage distribution of pretest and posttest skill scores among schizophrenic patients depicts that, in pre, majority (67%) of schizophrenic patients had average skill and (33%) of schizophrenic patients had good skill. whereas in the posttest, majority (57%) of schizophrenic patients had average skill and (43%) of schizophrenic patients had good skill. It seems that Joss stick training was effective among schizophrenic patients to improve the skills. (Figure 4.9)

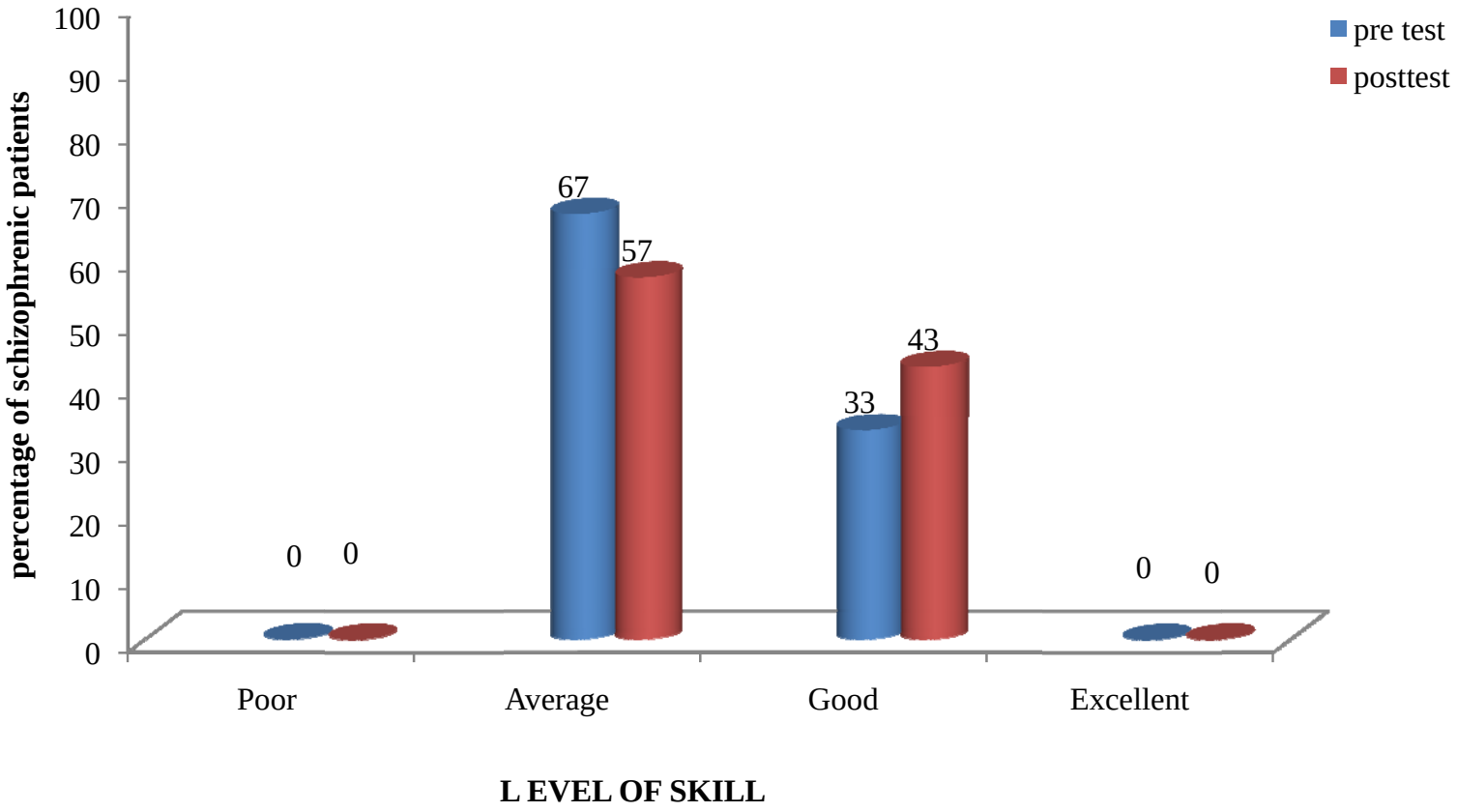

Fig. 4.9: Bar diagram showing the percentage distribution of pre and posttest scores on level of skill among Schizophrenic patients

SECTION-C

ASSESS THE EFFECTIVENESS OF JOSS STICK TRAINING PROGRAMME ON SKILL AMONG SCHIZOPHRENIC PATIENTS.

Table 4.3 paired‘t’ test value of schizophrenic patients pre and post test scores of level of skill on joss stick preparation

LEVEL OF SKILL	PAIRED ‘T’ VALUE	LEVEL OF SIGNIFICANCE
Physical skill	24.88	$p < 0.05$ significant
Psychological skill	29.62	$p < 0.05$ significant
Social skill	15.50	$p < 0.05$ significant
Total	31.83	$p < 0.05$ significant

Df -29 Table value -2.05 ($p < 0.05$ significance)

Paired‘t’ test was calculated to analyze the difference in pre and posttest scores on level of skill. The score was 31.83 When compared to table value ($p< 0.05$) it was high. Hence it can be concluded that there is highly significant difference between the pre and post test skill on joss stick preparation scores.

Table 4.4, comparison of Mean, Standard deviation, and Mean percentage of Pre and posttest scores of skill on joss stick preparation among schizophrenic patients.

Areas of work skill	Max scores	Schizophrenic patients						Difference in mean %
		Pre test			Post test			
		Mean	SD	Mean %	Mean	SD	Mean %	
Physical	28	11.8	2.6	42	14	2.91	50%	8%
Psychological	28	11.8	1.8	42%	14	2	50%	8%
Social	24	10.4	1.3	43%	12.26	1.41	51%	8%
Total	**80**	**34.0**	**4.9**	**42%**	**40**	**5.55**	**50%**	**8%**

Table 4.4 shows that area wise comparison of mean, standard deviation and mean percentage on pre and post test level of skill scores. In pre test and posttest, mean scores of physical skill were 11.8±2.6 and 14±2.91, mean scores of psychological skill were 11.8±1.8 and 14±2, mean scores of social skill were 10.4±1.3 and 12.26±1.41 and mean scores of total level of skill were 34.0±4.9 and 40±5.55 respectively. Results shows that level of skill were improved 8% in all the areas like physical, psychological, social and total respectively. It seems that Joss stick training programme was effective among schizophrenic patients to improve the skills. The findings graphically represented in (Figure4.10).

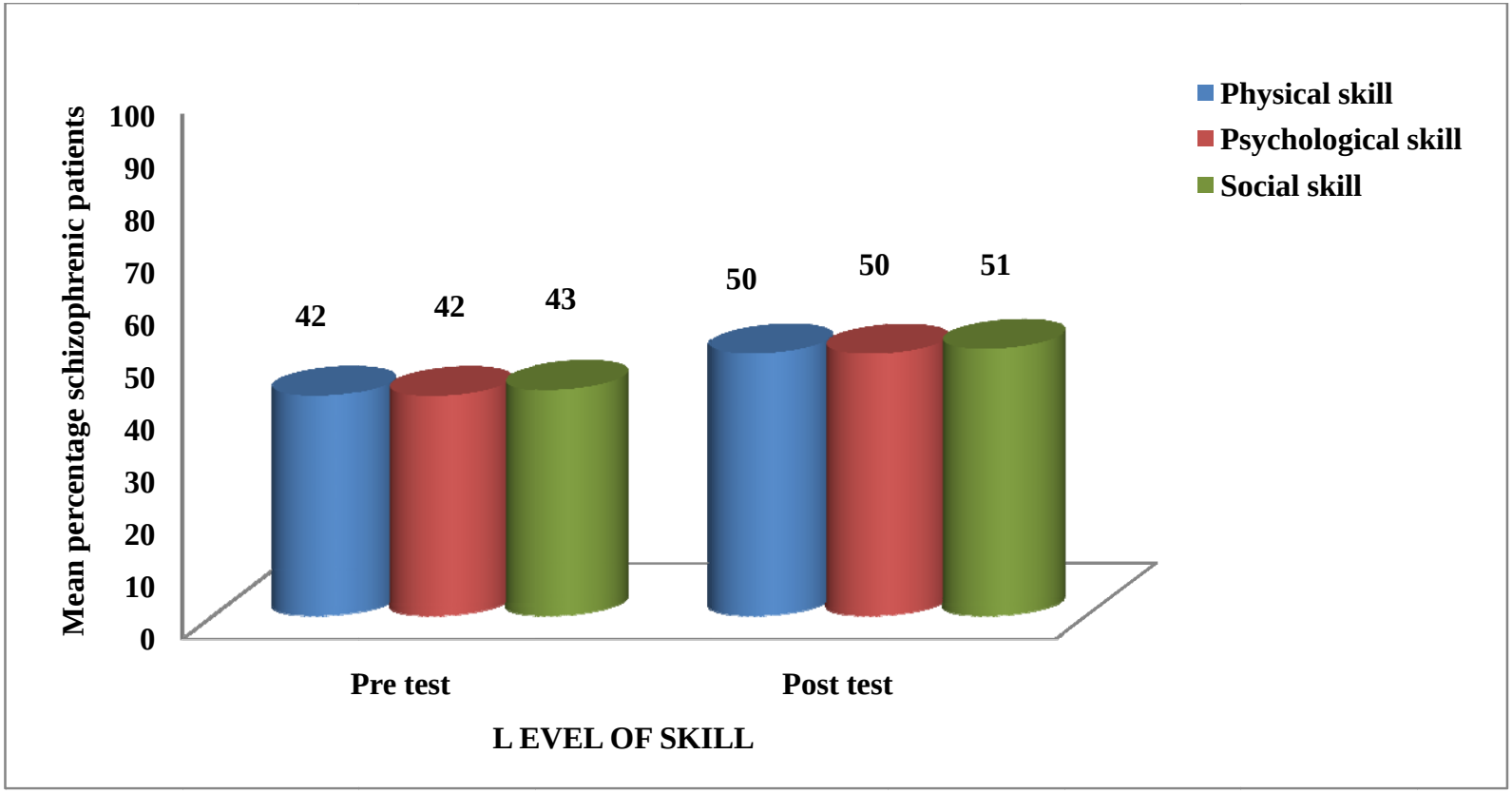

Figure 4.10: Bar diagram showing the pre and posttest mean percentage scores on level of skill among schizophrenic patients.

SECTION-D: FIND OUT THE CORRELATION BETWEEN PHYSICAL, PSYCHOLOGICAL AND SOCIAL SKILLS OF POSTTEST SCORES ON JOSS STICK PREPARATION AMONG SCHIZOPHRENIC PATIENTS.

Karl persons co-efficient of co-relation was calculated to analyze the correlation between the physical, psychological and social posttest skill scores on joss stick preparation among schizophrenic patients.

Table 4.5, correlation between physical, psychological and social posttest skill Scores on joss stick preparation among schizophrenic patients.

Areas	'r'Value	Level of significance
Correlation between physical and psychological skill	0.99	P < 0.05 Significant
Correlation between social and physical skill	0.95	P < 0.05 Significant
Correlation between psychological and social skill	0.94	P < 0.05 Significant

Karl pearsons co-efficient of co-relation analysis between physical, psychological and social skills of posttest scores shows that there is a positive relationship between joss stick training programme and skill among schizophrenic patients, (Tabl4.5).

SECTION- E

FINDOUT ASSOCIATION BETWEEN POSTTEST SKILL SCORES ON JOSS STICK PREPARATION AMONG SCHIZOPHRENIC PATIENTS WITH THEIR DEMOGRAPHIC VARIABLES

Table 4.6, Chi square value on association between the demographic variables and the post test skill scores on joss stick preparation among schizophrenic patients

Areas	DF	x^2	TV	Level of significance
Age in years	3	6.138	12.8	P > 0.05 Not significant
Sex	1	0.6	7.88	P > 0.05 Not significant
Marital status	2	1.203	10.6	P > 0.05 Not significant
Educational status	3	9.304	12.8	P > 0.05 Not significant
Type of family	2	0.84	10.6	P > 0.05 Not significant
Type of schizophrenia	2	3.19	10.6	P > 0.05 Not significant
Duration of illness	2	0.533	10.6	P > 0.05 Not significant
Number of relapses	2	4.328	10.6	P > 0.05 Not significant

Chi –square was calculated to find out the association value between the post test skill scores on joss stick preparation among schizophrenic patients with their demographic variables regarding joss stick training. It reveals that there was no significant association between posttest skill scores of when compared to age,

gender, marital status, educational status, type of family, type of schizophrenia, duration of illness and number of relapses, (P > 0.05). Hence the differences observed the mean score values were only by chance and not true difference. It seems that joss stick training was effective to all the schizophrenic patients irrespective of their demographic variables.

SUMMARY

This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of Joss stick training programme. The findings revealed that mean score was improved 8% (from 34.0±4.9 to 40±5.55). The paired t test 't' value showed that, there was significant difference (P<0.05) in schizophrenic patients regarding joss stick training programme on skill and chi square test showed no significant association (P>0.05) between the demographic variables and post test scores on joss stick preparation of experimental group. It indicates joss stick training programme on skill was effective among schizophrenic patients.

CHAPTER – V

DISCUSSION

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objectives of the study, the theoretical frame work and the related literature.

A study was to assess the effectiveness of joss stick training programme on skill among schizophrenic patients at Government Head Quarters Hospital, Erode, Tamilnadu.

The following were the objectives of this study.

Objectives of the study were

1. Level of skill among schizophrenic patients after joss stick training programme.
2. Effectiveness of joss stick training programme on skill among schizophrenic patients.
3. Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.
4. Association between the post test skill on joss stick preparation among schizophrenic patients and their demographic variables.

Objective 1: Level of skill among schizophrenic patients after joss stick training programme.

- Frequency and percentage distribution of pre and posttest skill on joss stick preparation among schizophrenic patients.

★ pre test

1. In majority 67% of schizophrenic patients had average level of skill on joss stick training programme.
2. 33% of schizophrenic patients had good level of skill on joss stick training programme.

★ Posttest

1. In majority 57% of schizophrenic patients had average level of skill on joss stick training programme.
2. 43% of schizophrenic patients had good level of skill on joss stick training programme.

Hypothesis 1: There is a significant level of skill among schizophrenic patients after joss stick training programme. So this hypothesis is accepted.

Objective 2: Determine the effectiveness of joss stick training programme on skill among schizophrenic patients.

a) Paired "t" test value of joss stick training programme on skill among schizophrenic patients.

★ The paired "t" test value was 24.88 in physical skill.

★ The paired “t” test value was 29.62 in psychological skill.

★ The paired “t” test value was 15.50 in social skill.

When compared to table value ($p< 0.05$) it was high. Hence it can be concluded that there is highly significant difference between the pre and post test skill on joss stick preparation, it seems that joss stick training programme was effective among schizophrenic patients.

b) Comparison of Mean, Standard deviation, and Mean percentage of pre and posttest skill on joss stick preparetion among schizophrenic patients.

★ **Pretest Mean, Standard deviation, and Mean percentage values of skill on joss stick preparation among schizophrenic patients.**

★ In physical skill the mean, standard deviation was (11.8 ±2.6) and mean percentage was 42%.

★ In psychological skill the mean, standard deviation was (11.8±1.8) and mean percentage was 42%.

★ In social skill the mean, standard deviation was (10.4±1.3) and mean percentage was 43%.

★ The total prettest mean, standard deviation was (34.0±4.9) and mean percentage was 42 %.

c) Posttest Mean, Standard deviation, and Mean percentage values of skill on joss stick preparation among schizophrenic patients.

1. In physical skill the mean, standard deviation was (14 ±2.91) and mean percentage was 50%.

2. In psychological skill the mean, standard deviation was (14±2) and mean percentage was 50%.

3. In social skill the mean, standard deviation was (12.26±1.41) and mean percentage was 51%.

4. The total posttest mean standard deviation was (40±5.5) and mean percentage was 50 %.

The total level of skill in pretest was 34.0±4.9 and posttest was 40±5.55. Results shows that level of joss stick training skill were improved (8%) in all the areas like physical, psychological, social and total respectively.

Difference in pre and posttest mean percentage values of skill on joss stick preparation among schizophrenic patients.

1. In physical skill the difference in mean percentage was 8%

2. In psychological skill the difference in mean percentage was 8%

3. In social skill the difference in mean percentage was 8%

4. The overall difference in mean percentage was 8%.

It seems that Joss stick training programme on skill among schizophrenic patients was effective.

Hypothesis 2: There is a significant effectiveness of joss stick training programme on skill among schizophrenic patients. So this hypothesis is accepted.

Objectives 3: Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.

- ★ Correlation between physical and psychological skill was 0.99.
- ★ Correlation between social and physical skill was 0.95.
- ★ Correlation between social and physical skill was 0.94.

Hypothesis 3: There is a significant Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients. There was a positive relationship, so this hypothesis is accepted.

Objectives 4: Association between posttest skill on joss stick preparation among schizophrenic patients and their demographic variables.

Hypothesis 4: There is no significant association between the posttest skill on joss stick preparation among schizophrenic patients with their demographic variables. The results shows ($P > 0.05$), so this hypothesis is rejected.

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATION

This chapter deals with the summary of the study, its findings, conclusion and the implications for Nursing administration, Nursing practice, Nursing education and Nursing research. This study has been started with a few limitations and ends with suggestions and recommendation for research in future.

SUMMARY

The primary aim of the study was to assess the effectiveness of joss stick training programme on skill among schizophrenic patients at Government Head Quarters Hospital, Erode, Tamilnadu.

The objectives of the study are,

- ★ Assess the level of skill among schizophrenic patients after joss stick training programme.
- ★ Determine the effectiveness of joss stick training programme on skill among schizophrenic patients.
- ★ Find out correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.

★ Find out association between the post test scores on joss stick preparation skill among schizophrenic patients and their demographic variables

Hypotheses

Researches formulated and tested the following research hypothesis,

H_1: There is a significant level of skill among schizophrenic patients after joss stick training programme.

H_2: There is a significant effectiveness of joss stick training programme on skill among schizophrenic patients.

H_3: There is a significant correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.

H_4: There is a significant association between the posttest scores on joss stick Preparation skill among schizophrenic patients with their demographic Variables**.**

The review of literature on related studies helped the investigator to design the methodology, conceptual frame work and find out the tool. The literature reviews for the present study were presented under the following heading.

- The studies related to occupational therapy
- The studies related to skill among schizophrenic patients. .

- The studies related to occupational therapy on skill among schizophrenic patients.

The investigator developed Wiedenbach's helping art of clinical nursing theory. The research design adopted for the study was pre experimental study. Setting chosen to conduct the study was at Government Head Quarters Hospital, Erode, Tamilnadu. In this study the sample were schizophrenic patients. The sample size was 30. In this study non probability purposive Sampling technique was used. Modified Whealen and Speaken work skill rating scale was used to assess the level of Joss stick preparation skill among schizophrenic patients.

The reliability of Modified Whealen and Speaken work skill rating scale was tested by implementing the tool on 3 schizophrenic patients in Government Head Quarters Hospital, Erode, Tamilnadu. This is same sample area. A Test-Retest method was used to test the reliability of the tool and the tool was found to be reliable **($r^1 = 0.95$).**

Schizophrenic patients who fulfilled the sampling criteria were selected as samples and was given Joss stick training programme for 12 days. Data were gathered through Modified Whealen and Speaken work skill rating scale. The data gathered are analyzed by using descriptive and inferential statistical method and interpretation is made on the objectives of the study.

Major findings of the study:

The major findings of the study were presented under the following headings.

1. Findings related to description of schizophrenic patients according to their demographic variables.
2. Findings related to level of joss stick training programme on skill among schizophrenic patients.
3. Findings related to effectiveness of joss stick training programme on skill among schizophrenic patients.
4. Findings related to correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.
5. Findings related to association between the post test skill scores on joss stick preparation among schizophrenic patients and their demographic variables.

1. Findings related to Description of schizophrenic patients according to their demographic variables.

1. 47% of the schizophrenic patients were in the age group of more than 18- 28 years.

2. 67% of the schizophrenic patients were males.

3. 63% of the schizophrenic patients were unmarried.

4. Half (50%) of them were secondary education.

5. 74% of the schizophrenic patients were belongs to nuclear family.

6. 40% of the schizophrenic patients were simple and chronic schizophrenia.

7. 47% of the schizophrenic patients had 2-4 years duration of illness.

8. 46% of the schizophrenic patients had a relapse once during their illness period.

2. Findings related to level of joss stick training programme on skill among schizophrenic patients.

- Frequency and percentage distribution of pre and posttest skill on joss stick preparation among schizophrenic patients.

★ pre test

- In majority (67%) of schizophrenic patients had average level of skill on joss stick training programme.
- 33% of schizophrenic patients had good level of skill on joss stick training programme.

★ Posttest

- In majority (57%) of schizophrenic patients had average level of skill on joss stick training programme.
- 43% of schizophrenic patients had good level of skill on joss stick training programme.

3. Findings related to Effectiveness of joss stick training programme on skill among schizophrenic patients.

- Paired "t" test was calculated to analyze the difference in pre test and post test level of joss stick training preparation on skill among schizophrenic patients.
  - ★ The paired "t" test value was 24.88 in physical skill ($P < 0.05$).
  - ★ The paired "t" test value was 29.62 in psychological skill ($P < 0.05$).
  - ★ The paired "t" test value was 15.50 in social skill ($P < 0.05$).
- Comparison of Pre and posttest Mean, Standard deviation, and Mean percentage values of skill on joss stick preparation among schizophrenic patients.
  - ★ The pre test mean physical skill score was 11.8 ±2.6 and 42%, and the post test mean physical skill score was 14 ±2.91 and 50%, whereas difference in mean percentage was 8%.
  - ★ The pre test mean psychological skill score was 11.8±1.8 and 42%, and the post test mean psychological skill score was 14±2 and 50%, whereas difference in mean percentage was 8%.
  - ★ The pre test mean social skill was 10.4±1.3 and 43%, and the post test mean social skill score was 12.26±1.41 and 51%, whereas difference in mean percentage was 8%.

- ★ The total level of skill in pretest was 34.0±4.9 whereas in posttest it was 40±5.55. Results shows that level of joss stick training skill were improved (8%) in all the areas like physical, psychological, social and total respectively.

4. Findings related to Correlation between physical, psychological and social skill on joss stick preparation among schizophrenic patients.

- ★ Correlation between physical and psychological skill was 0.99 ($P < 0.05$).
- ★ Correlation between social and physical skill was 0.95 ($P < 0.05$).
- ★ Correlation between social and physical skill was 0.94 ($P < 0.05$).

5. Findings related to Association between the post test skill on joss stick preparation among schizophrenic patients and their demographic variables.

- ➢ Chi square value was calculated to find out the association between the post test scores of skill on joss stick preparation among schizophrenic patients with their demographic variables
  - ★ Chi square value for the age in year was 6.138 ($p >0.05$).
  - ★ Chi square value for gender was 0.6 ($p > 0.05$).
  - ★ Chi square value for marital status was 1.203 ($p > 0.05$).
  - ★ Chi square value for the educational status was 9.304 ($p > 0.05$).
  - ★ Chi square value for the type of family was 0.84 ($p > 0.05$).

- ★ Chi square value for the type of schizophrenia was 3.19 ($p > 0.05$).
- ★ Chi square value for the duration of illness was 0.533 ($p > 0.05$).
- ★ Chi square value for the number of relapses was 4.328 ($p > 0.05$).

CONCLUSION

From the findings of the study it can be concluded that,

- ➢ Most of the schizophrenic patients were in the age group of 18-28 years, males, had secondary education, married, nuclear family, simple and chronic schizophrenia, duration of illness 2-4years, had once relapse in their illness.
- ➢ Schizophrenic patients were reached the average and good (57% and 43%) level of skill in joss stick training programme.
- ➢ The Joss stick training programme was highly effective on level of skill among schizophrenic patients in the area of psychological and physical.
- ➢ The Joss stick training programme was moderately effective on level of skill among schizophrenic patients in the area of social.
- ➢ There is a positive relationship between physical, psychological and social skill on joss stick preparation among schizophrenic patients.
- ➢ There is no significant association between the posttest skill scores on joss stick preparation among schizophrenic patients with their demographic variables.

IMPLICATIONS FOR NURSING

The findings of the study have implication in nursing service, nursing administration, nursing education and nursing research.

Nursing service

- ★ This therapy can be used by the Nursing professionals who are working in the psychiatric hospital for further reinforcing their practice.
- ★ This therapy can be used in the community set up for changing their irrational beliefs and helps to promote the mentally ill people quality of life.

Nursing Education

- ★ Nurse educator should educate the students Joss stick training programme and its implementation.
- ★ Nurse educator should educate the nursing personnel about the Joss stick training programme
- ★ Nurse educator should educate the nursing personnel about how to improve the mentally ill people potentialities and role of mental health nurse.

Nursing Administration

- ★ Nurse administer can organize an In- service program on joss stick training or occupational training in various health sector or agencies.
- ★ Nursing administer can support the nurses for conducting research on skill.

Nursing Research

- ★ The study may be issued for further reference.
- ★ Further large scale study can be done in different settings.

RECOMMENDATIONS

Based on the findings of the study the following recommendations have been made for further study.

- ★ A study can be conducted with large samples to generalize the findings.
- ★ A similar study can be conducted in physical illness, other mental illness such as depression, bipolar disorders, all other schizophrenia, and mentally challenged peoples.
- ★ A similar study can be conducted by using the different type of work skill rating scales.
- ★ A similar study can be conducted in the different settings like day care centers, community set up.
- ★ A similar study can be conducted with control group.
- ★ A comparative study can be undertaken to compare the effectiveness of Joss stick training programme with other occupational therapies candle making, paper printing, gardenimg.

SUMMARY

This chapter dealt with the summary of the study, major findings, conclusions, implication of the study in nursing field and recommendations for future.

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APPENDIX I

LETTER SEEKING PERMISSION FOR CONDUCT STUDY

From

Ms.Vembu.N,
M.Sc Nursing, II year, Dhanvantri College of nursing,
Ganapathypuram, No: 1 Renganoor road,
Muniyappan Kovil, Pallakkapalayam, (PO),
Sankagiri west, Namakkal (D.T).

To

The Principal,
Dhanvantri College of Nursing, Ganapathypuram,
No: 1 Renganoor road, Muniyappan Kovil,
Pallakkapalayam, (P.O), Sankagiri West, Namakkal (D.T).

Respected Sir / Madam,

Sub: Permission to conduct research – regarding.

I, Ms.Vembu.N, M.Sc (Nursing) II Year student of Dhanvantri College of nursing, Pallakkapalayam, as a partial fulfillment of master of science in nursing going to conduct a research and submit the dissertation work to the Tamilnadu Dr. M.G.R. Medical University, Chennai By December2011.

The Statement of the problem chosen for my study is **"Effectiveness of joss stick training programme on skill among schizophrenic patients at government head quarters hospital, Erode, Tamilnadu".**

I request you to permit me for conducting the study. Kindly do the needful.

Thanking you,

Yours Faithfully,

Date:

Place: Pallakkapalayam

APPENDIX II

LETTER GRANTING PERMISSION TO CONDUCT STUDY

From

The Principal,

Dhanvantri College of Nursing, Ganapathypuram,

No: 1 Renganoor road, Muniyappan Kovil,

Pallakkapalayam, (P.O), Sankagiri West, Namakkal (D.T

To: Dean, Government Head Quarters Hospital, Erode.

Respected Sir/Madam

Sub: M.Sc, (Nursing) student-regarding data collection for research

Ms.Vembu.N, M.Sc (Nursing) II Year student of Dhanvantri College of Nursing, Erode, as a partial fulfillment of master of science in nursing, she is to conduct a research and submit the dissertation work to the Tamilnadu Dr. M.G.R. Medical University, Chennai.

The Statement of the problem chosen for her study is **"Effectiveness of joss stick training programme on skill among schizophrenic patients at government head quarters hospital, Erode, Tamilnadu".**

She is in need of your help and co-operation to conduct this research study among patients with schizophrenia in your esteemed hospital.

I request your kind office to permit her to collect the data from your hospital and allow my student to utilize the needed facilities.

I assure you that her study will not affect the routine work of your hospital nor it would harm the patients subjected for joss stick training programme on skill.

Kindly do the needful.

Thanking You,

Yours Sincerely

APPENDIX III

LETTER SEEKING EXPERT OPINION ON CONTENT VALIDITY

From

Ms.Vembu.N, II year M.Sc (Nursing),

Dhanvantri College of Nursing, Ganapathypuram,

No: 1, Ranganoor road, Muniyappan Kovil,
Pallakkapalayam, (PO),
Sankagiri west, Namakkal (D.T).

To

…….

Through
The Principal
Dhanvantri College of Nursing, Ganapathypuram,
No: 1, Ranganoor road, Muniyappan Kovil, Pallakkapalayam, (PO),
Sankagiri west, Namakkal (D.T).

Respected Sir/ Madam

Sub: Request for Validation of the Tool

I , Ms.Vembu.N, II year M.sc Nursing student of Dhanvantri College of Nursing, Pallakkapalayam as a partial fulfillment of Master of Science in Nursing, I have undertaken following research for my dissertation, which has to be submitted to the Tamilnadu Dr.M.G.R. Medical University, Chennai by November 2011.

The statement of problem chosen for my study is "**Effectiveness of joss stick training programme on skill among schizophrenic patients at government head quarters hospital, Erode, Tamilnadu".**

To achieve the objectives of the dissertation, I have prepared the following tools:

1. Demographic data.

2. Whealen & Speaken - Modified work skill rating scale.

With regard to this, I kindly request you to go through the tools, validate it against the given criteria and render your valuable suggestions.

Thanking You

Yours Faithfull

Enclosures
1. Demographic data
2. Whealen & Speaken - Modified work skill rating scale
3. Chapter I and Chapter III

APPENDIX IV

CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of Ms.Vembu.N, II year M.sc Nursing student of Dhanvantri College of Nursing, Erode, who is undertaking the dissertation work on **is "Effectiveness of joss stick training programme on skill among schizophrenic patients at government head quarters hospital, Erode".**

Date:

Place Signature of the expert

Name and designation

APPENDIX-V

INFORMED CONSENT

Vanakkam, I am Ms.Vembu.N, M.sc (N) II year student, studying in Dhanvantri College of Nursing, as my part our curriculum; I need to do the dissertation. From this study you will not get any harm. Whatever information collected that should be in confidential. So I request you to kindly co – operate.

This study having two sections,

Section A

It consists of Demographic variables.

Section B

Modified Whealen & Speaken work skill rating scale.

SECTION: A

Instruction to the interviewer

This interviewer is request to ask the following questions to the respondents. So then place a tick ( ) mark on the answer stated by the respondent.

Code No :

Name of patient :

DEMOGRAPHIC VARIABLES

1. Age in years

   a) 18-28 ( )

   b) 29-38 ( )

   c) 39-48 ( )

   d) 49- 58 ( )

2. Gender

   a) Male ( )

   b) Female ( )

3. Marital status

   a) Married ( )

   b) Unmarried ( )

4. Educational status

   a) No formal education ( )

   b) Primary ( )

   c) Secondary ( )

d) Higher secondary ( )

5. Type of family

a) Nuclear family ( )

b) Joint family ( )

6. Types of schizophrenia

a) Simple schizophrenia ( )

b) Paranoid schizophrenia ( )

c) Chronic schizophrenia ( )

7. Duration of illness

a) 1-2 years ( )

b) 3- 4 years ( )

c) Above 5 years ( )

8. No of relapses

a) Once ( )

b) Twice ( )

c) Trice ( )

SECTION: B

WHEALEN & SPEAKEN - MODIFIED WORK SKILL RATING SCALE

PATIENT NAME:

DATE OF ASSESMENT:

S.NO	Items	For below Level of an Average In spite of Stimulation 1	Reach the Level of an Average with specia Stimulation 2	Reaches Acceptable Levels. 3	Reaches More than e Expected Level. 4
I 1.	**PHYSICAL SKILL** Consistency of work performance				
2.	Job adoptability				
3.	Adoptability to environment				
4.	Speed				
5.	Quality				
6.	Level of task undertaken				
7.	Care and safety in the use of equipment				

II 8.	**PSYCHOLOGICAL SKILL** Initiative				
9.	Comprehensive				
10.	Memory				
11.	Emotional stability				
12.	Concentration				
13.	Decision making in selecting material				
14.	Self confidence				
III 15.	**SOCIAL SKILL** Attendance and punctuality				
16.	Expressive communication				
17.	Attitude to authority				
18.	Interpersonal relationship				
19.	Personal appearance and hygiene				
20.	Responsibility				

Scoring procedure

01-20 – Poor

21-40 – Average

41-60 - Good

61-80 – Excellent

DESCRIPTION OF THE TOOL

It consists of modified work skill rating assessment tool. It contains 20 items. It is based on physical, psychological and social parameters. The scale was rated in 4 categories i.e. “Poor” caries 1 score, “Average” carries 2 score, “Good” carries 3 score, “Excellent carries 4 score. So total score was 80.

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APPENDIX-V

WISDOM COUNSELLING CENTRE

Centre for Mental Care and Happiness

132, EB colony main road, Avarampalayam, Coimbatore, 641006.

Phone Number - 2622640

N.Senthil Kumar, M.A

Project co-ordinator, Clinical psychologist.

Date: 03.07.2011

This is to certified Ms.Vembu.N, student of M.Sc Nursing II Year (Psychiatric), Dhanvantri college of nursing has underwent training programme on the trade of preparing Joss stick training programme over a period one month from 01.06.11 to 30.06.11. During this period her performance is good.

Signature,

APPENDIX-VI

BLUE PRINT OF JOSS STICK TRAINING PROGRAMME

INTRODUCTION

Joss stick training is a type of occupational training. Is an easiest method to learning as well as doing in hospital as well as community set up. Vocational training centers are teaching joss stick preparation among physically ill, mentally ill and mentally challenged people and make the candidate as a employee.

ADVANTAGES

- Helps to improve the physical, psychological and social skill.
- It provides economical enrichment.
- Helps to relax mind as well as body
- Encourage the people to participate in social activities.
- Promotes self esteem, self confidence.
- Helps the people to achieve the self actualization.
- Improve hand –eye coordination.
- Reduce the psychotic symptoms.
- Improves concentration, attention, arithmetic ability.
- Promotes interpersonal relationship
- Engage the people in activities.
- Change the role in family as well as community.
- Improve memory power

- Emphasize Behavioural modification
- Promotes adjustment

MATERIALS

- Joss tick paste
- Joss stick sticks
- Wooden board
- White paper
- Plastic bowl
- Thread
- Box

PROCEDURE

- Assemble the patient in joss stick training area.
- Instruct them sit in a place.
- Provide needed materials to the client (joss stick paste, sticks).
- Instruct them to take the sticks in left hand.
- Instruct them to take the paste in right hand.
- Allow the client to apply the paste till ¾ of the stick.
- Instruct them to roll the sticks in wooden board.
- Make them to dry the sticks.
- Instruct them to Count the sticks.

- Instruct them to arrange the bundles in one box.

APPENDIX – VII

LIST OF EXPERTS

1. **Prof.Dr.ANANDHAKUMAR, MBBS.,DPM,**

   psychiatrist

   Government head quarters hospital, Erode.

2. **Mrs.HELAN, M.sc (N) Ph.D.**

   Professor,

   Christian medical College (Nursing),

   vellore.

3. **Mrs. Vijaya lakshmi, MSc (N),**

   Professor,

   Madras medical College Of Nursing,

   Kilpauck medical garden, Chennai.

4. **Mrs.MEERA SARAVANAN M.SC (N),**

   P.S.G College OF Nursing, Coimbatore

5. **Mr. N. SENTHIL KUMAR, MA (psychology)**

   Clinical psychologist,

   Best councelling centre, Coimbatore.

6. **Mrs. PRATHIBHA M.A, M.S, M.Phil,**

Psychologist.

7. **Mrs. DEVI M.O.T,**

   Occupational therapist, J.K.K.M College, Erode.

5. **Mr.DHANAPAL,**

   Statistician,

   Dhanvantri College of Nursing, Pallakkapalayam, Namakkal.(Dt.)

A**PPENDIX-VIII**

PHOTOGRAPHS

ABSTRACT

Background: Mentally ill patients are unable to get adequate support from the family as well as community due to their impairments, especially Schizophrenic patients have the splitting of mind, so they unable to carry out their job. Apart from the antipsychotics occupational therapies especially Joss stick training helps to improve the skill and promotes the quality of life. **Objectives:** To assess the effectiveness of skill among schizophrenic patients after joss stick training programme. **Design:** Pre-experimental design where one group post test design. **Setting:** Government Head Quarters Hospital, Erode, Tamilnadu. **Participants:** Thirty schizophrenic patients, fulfilling the inclusion criteria were selected by using purposive sampling technique. **Selection criteria:** Simple, Chronic and Paranoid type of schizophrenic patients were in the age group of 18 years and above, both gender were included. **Methods:** A study was conducted with 30 schizophrenic patients. Pretest (5 th day of observation) and post test (12 th day of observation) assessment done by using Modified Whealen & Speaken work skill rating scale to assess the effectiveness of Joss stick training programme on skill among schizophrenic patients. **Results:** From the findings of the study can be concluded that the highest percentage of schizophrenic patients were in the age group of 18-28 years, most of the patients were males, had secondary education, they are married, living in nuclear family, have simple and chronic schizophrenia, duration of illness 2-4years, had once relapse in their illness. 57% of schizophrenic patients were reached the average and 43% of them reached good level of skill in joss stick training programme. There is a positive relationship between physical,

psychological and social skill on joss stick preparation among schizophrenic patients. Paired ‘t’test score was 31.83 at the level of significant ($p<0.05$). No significant association between the posttest skill scores on joss stick preparation among schizophrenic patients with their demographic variables.(Age, Gender, Educational status, Marital status, Type of family, Type of schizophrenia, Duration of illness, and Number of relapses). **Conclusion:** From the findings of the study it can be concluded that the Joss stick training programme was highly effective on level of skill among schizophrenic patients in the area of psychological and physical, moderately effective in social skill. **Evidence based practice :** Joss stick training programme was effective among all type of patients including physically ill and mentally ill. It’s not only improve the persons skill it’s provide the economical enrichment and quality of life. Joss stick training programme was practiced in clinical as well as community area.